AIDS Survival Project Volunteer Opportunities

828 W Peachtree Street, Suite 206 Atlanta GA 30309 (404) 874-7926 FAX (404) 892-1192

Program	Description	Training	Time Commitment
Peer Counseling	Peer support for persons affected by HIV by trained HIV + volunteer counselors.	32 hours	5 hours a month with a minimum six month commitment.
Operation Survive Group Facilitator	Weekend seminar designed to educate individuals on how to live well with HIV.	36 hours	20 hours every six weeks with a minimum 6 month commitment.
Treatment Library Assistant	Assists Resource Specialist with maintaining information in Library and assisting members with searches.	5 hours	5 hours a month with a minimum three month commitment.
Office/Reception Assistant	Works with paid staff assisting in a variety of clerical tasks, including answering telephone and greeting members.	5 hours	5 hours a month with a minimum three month commitment.
Fund Raising & Events Planning Committee	Plans and coordinates fund raising and special events for agency. Also assists with outreach at special events.	3 hours	10 hours a month with a minimum six month commitment.
Operation Survive Tech Team	Helps with organization and coordination of Operation:Survive weekend	2 hours; attend one weekend.	Time commitment will vary.
Newsletter Committee	Facilitates monthly publication of newsletter by writing, typing and assiting editor.	general orientation; additional training as required by editor	5 hours a month with a six month commitment.
Advocacy Committee	Works to insure the rights of the HIV+ are upheld; works on individual and collective basis.	general orientation; additional training as needed.	3 hours a month with a six month commitment.

AIDS SURVIVAL PROJECT

A COALITION OF PEOPLE AFFECTED BY HIV

Volunteer Application

The following information will assist us in selecting and placing volunteer applicants. We may not necessarily have need of your services immediately, but we are interested in creating a pool of qualified applicants to meet needs as they arise. Confidentiality is a crucial issue in the work of AIDS Survival Project and you will be asked to sign such an agreement prior to being assigned. Disclosure of any information about members, staff or other volunteers is grounds for dismissal. Each job description suggests a minimum time commitment in order to assist us in long range planning, continuity of programs, and making the most of your volunteer experience. Please keep this in mind as you apply.

Name_____

Address_____

City_____ State_____ Zip_____ Birth date_____

Home Phone_____ Work Phone _____

May we contact you at work?_____ May we leave a message at home? _____ work? _____

How did you hear of us? _____

_____

Why are you interested in volunteering with us?_____

_____

Would you like to receive our newsletter?_____

Volunteer Experience

What types of volunteer work have you done in the past?_____

_____

If you have performed volunteer work in the past, what did you enjoy most about the experience?_____

_____

What did you enjoy least or dislike?_____

_____

Please turn over and complete other side.

828 W. Peachtree Street, Suite 206, Atlanta, Georgia 30308
Phone: (404) 874-7926 Fax: (404) 872-1192
HIV/AIDS Advocacy•Education•Support Services•Treatment Activism

AIDS SURVIVAL PROJECT

A COALITION OF PEOPLE AFFECTED BY HIV

I, _____, am volunteering my time to work with the AIDS Survival Project. I understand in the course of my work for AIDS Survival Project, I may learn certain facts about members, staff and volunteers of AIDS Survival Project which are of a highly personal and confidential nature. Examples of such information are: medical condition and treatment, finances, living arrangements, employment, sexual orientation, relations with family members and even the fact that an individual is a volunteer. I understand that all such information must be treated as completely confidential. I agree not to disclose any information of a personal and confidential nature to any person not also affiliated with AIDS Survival Project and authorized by AIDS Survival Project to have such information without the specific consent of the individual to whom such information pertains. The violation of confidence may cause my immediate termination as an AIDS Survival Project volunteer and may also lead to possible legal action. In case of doubt about a situation, I will first contact my immediate supervisor or the staff person to whom I report.

Volunteer

Name: _____

Signature: _____ Date: _____

Witness

Name: _____

Signature: _____ Date: _____

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Do you have any Special skills/education which might be of use to us (sign language, foreign language, etc.)?

_____

Time Availability (place an "X" in each space that you are available)

Day of Week	Morning	Afternoon	Evening
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____
Sunday	_____	_____	_____

Maximum number of hours per week you can volunteer? _____

Volunteer Areas Available

Prioritize areas in which you would like to volunteer, 1 for first choice; 2 for second; etc.

_____ Peer Counseling
_____ Operation Survive
_____ Treatment Library Assistant
_____ Fund Raising Events Planning
_____ Office/Reception Assistant
_____ Advocacy Committee
_____ Newsletter Committee
_____ Treatment/Forum Committee

We are always in need of people with special skills. Do you have any skills that have not been previously mentioned that you could offer (plumbing, electricial expertise, etc...)? _____

_____

_____

Signature Date

Thank you for taking the time to provide us with this information. We will be contacting you within one week of receipt of your application.

DO NOT WRITE BELOW THIS LINE / ADMINISTRATIVE USE ONLY

Followed up by _____

Entered into system _____ Initial _____

SELF-HELP WITH TRANSITIONAL PLANNING

Many times, people who are HIV positive, but asymptomatic or mildly symptomatic, have questions about making the transition from full employment to part-time or non-employment. For example, some may wonder whether to tell their employers about their condition to gain reasonable accommodation under the Americans with Disabilities Act (ADA) or they want to know what will happen to their group health insurance coverage if they have to quit. They may wonder how to apply for Social Security Disability (SSD) or Supplemental Security Income (SSI), and how much they can expect to receive in cash benefits. Whether they know it or not, these people are engaging in transitional planning and, by doing so, are truly empowering themselves in the face of a future that often seeks to dissipate personal power.

If you have read this far, then you are probably interested in knowing more about transitional planning for yourself or someone you know. Please be aware that the following is general information. It is not the intention of the AIDS Legal Project of Atlanta Legal Aid Society, Inc. to provide specific legal advice. You are encouraged to consult with an attorney regarding your particular situation. The AIDS Legal Project can only serve low-income persons with HIV in certain civil legal problems. The AIDS Legal Project cannot provide legal representation or individualized legal advice to persons whose adjusted gross incomes exceed 125% of the federal poverty levels.

Notice: The law is always changing. To be safe, you must consult with an attorney to be sure that this information is current.

The topics covered in this paper are the following:

1) Reasonable Accommodation Under the ADA;
2) Employment Discrimination;
3) Confidentiality Requirements From an Employer;
4) COBRA Continuation of Group Health Insurance and Conversion to Individual Group Health Insurance;
5) Continuation of Group Health Insurance Under Georgia Law When COBRA Does Not Apply and Extension of Benefits;
6) What To Expect About AIDS Caps;
7) Eligibility for SSD/SSI;
8) How Much to Expect in Cash Benefits From SSD/SSI;
9) Work After Getting SSD;
10) Individual or Employee-Based Disability Insurance;
11) Insurance Assistance Program for Health Insurance Premiums;
12) Drug Reimbursement Program for AZT.
13) Viatical Settlements

1. Reasonable Accommodation under the ADA

The Americans with Disabilities Act of 1990 (ADA) applies only to certain employers. Effective July 26, 1992, the ADA covers employers of 25 or more employees "for each working day in each of 20 or more calendar weeks in the current or preceding year" and the agents of any such employers.

Effective July 26, 1994, the ADA will cover employers with 15 or more employees with the same limitations as stated above.

The ADA does not cover the U.S. government (but Section 501 of the Rehabilitation Act of 1973 does), Indian tribes or bona fide membership clubs that are tax exempt under Section 501 of the Internal Revenue Code.

If you are a person who is HIV positive, whether or not you are experiencing symptoms that require reasonable accommodation, then you are "disabled" under the terms of the ADA.

Perhaps you can continue to work, but need some cooperation from your employer, i.e., reasonable accommodation. The ADA defines "reasonable accommodation" as including job restructuring, part-time or modified work schedules, or reassignment to a vacant position. Your employer is obligated to provide reasonable accommodation to you, assuming you are still able to perform the essential functions of your job, as long as that accommodation does not impose "an undue hardship on the operation of" the employer's business.

To obtain reasonable accommodation and the protection of the ADA, however, you must reveal your HIV status to your employer. The decision whether or not to reveal this information must be solely up to you. The upside of such revelation is that you will be able to proceed under the protection of the ADA. The downside is that your employer may react in an illegal manner by firing you or breaching your confidentiality by impermissible disclosing your AIDS confidential information. You will have legal remedies to such illegal actions, but even having such legal remedies does not mitigate the harm and the stress you will feel if the employer acts improperly. Fortunately, as more and more employers become educated about their obligations under the ADA, fewer people will be faced with the possible downside discussed above. Nevertheless, the bottom line is that only the fully informed employee can make the decision whether or not to disclose his HIV status to his employer for the purpose of gaining reasonable accommodations under the ADA.

Reasonable accommodation is available only under federal law, not Georgia law.

2. Employment Discrimination.

If you are struggling with the decision about whether or not to disclose your HIV status to an employer to gain reasonable accommodation, you may naturally fear losing your job because of discrimination against people with HIV. You can rely on one of three major acts for protection should your employer threaten adverse action: the ADA, the Rehabilitation Act of 1973 (29 U.S.C. § 794), and Georgia's Equal Employment for the Handicapped Code ("EEHC"), O.C.G.A. § 34-6A-1 et seq.

If your employer is not covered by the ADA (see Section 1. supra for discussion of ADA coverage), but receives federal funding, the Rehabilitation Act of 1973 may apply. If neither federal law applies, and the employer has 15 or more employees, the EEHC may apply.

For the purposes of transitional planning, you only need to know that the threat of discriminatory firing is possible, but that some strong remedies are in place for your protection. Nevertheless, you must be aware that Georgia is an "employment at will" state so any case of discriminatory firing will be made more difficult to prove if the issues are clouded with other performance problems unrelated to your HIV status.

3. Confidentiality Requirements from an Employer.

Georgia law governs the confidentiality of "AIDS confidential information." The definition of AIDS confidential information is found at O.C.G.A. § 31-22-9.1(a)(2), and includes your HIV status.

Disclosure of AIDS confidential information is controlled by O.C.G.A. § 24-9-47. In the employment context, you will be most interested in O.C.G.A. § 24-9-47(m), which outlines to whom the employer can disclose your HIV status once you decide to reveal that status to your employer. Generally, the employer can only disclose your HIV status to other employees "when reasonably necessary in the ordinary course of business to carry out the purposes for which that disclosure is authorized." Id.

You must tell your employer that any information your employer receives about your HIV status is confidential and remains confidential even though some limited disclosure is required to gain the protection of the ADA. O.C.G.A. § 24-9-47(n). If you are adamant about the need for confidentiality, your employer will be more apt to guard the confidentiality of the disclosed information.

4. COBRA Continuation of Group Health Insurance and Conversion to Individual Health Insurance.

Under federal law, an employee covered by group health insurance has the right to extend that group coverage at the employee's expense for 18 months after a reduction of hours or termination from employment (except when termination is for gross misconduct). 29 U.S.C. §1163. This is commonly called COBRA continuation coverage. To obtain the coverage, you must elect coverage by completing a form provided by your employer and returning that form before the deadline to the employer.

Several points should be kept in mind:

a) COBRA only applies to employers with 20 or more employees on a typical business day during the preceding calendar year (29 U.S.C. § 1161(b));

b) The employer can take up to 45 days from the termination date to send the COBRA election form to you (29 U.S.C. 1166 (a)(2) and (c));

c) You must return the completed election form within 60 days of receipt of the form (29 U.S.C. § 1165(1)(C)).

You should make a copy of the completed form and the outside of the envelope and then mail the completed form by certified mail, return receipt requested.

You will then be notified of the premium cost, which can be 102% of the employer's cost of the group health insurance premium. 29 U.S.C. § 1162(3).

If you are found by Social Security to have been disabled on the date of the qualifying event (date of termination or reduction in hours) and if you so notify the plan administrator within 60 days of the date of the Social Security notice, then COBRA continuation can last 29 months, at which time Medicare will take over. 29 U.S.C. §§ 1162(2)(flush language) and 1166(a)(3). The premium can go up to 150% of the employer's group cost during the eleven month extension.

You will have the option of conversion at the end of the COBRA period from group to individual health insurance if such a conversion option is otherwise generally available to similarly situated active employees under the group plan. The terms and cost of coverage can, and undoubtedly will, change,

but no medical examination can be required. 29 U.S.C. § 1162(5). If, on the other hand, the conversion option is not otherwise generally available, COBRA does not require that it be made available to you at the end of the COBRA period. 52 Fed. Reg. 22716, 22731 (1987) (Question and answer 43).

5. Continuation of Group Health Insurance Under Georgia Law.

When COBRA does not apply (such as when the employer has fewer than 20 employees), the Georgia law on continuation may apply if your health coverage is provided by "pure" insurance as opposed to a self funded plan. The law can be found at O.C.G.A. § 33-24-21.1 and can provide for continuation coverage for three months upon your payment of the required premium at the group rate. You would also have the right to convert to an individual policy without evidence of insurability. O.C.G.A. § 33-24-21.1(f).

After the three month continuation period, you can choose to extend your major medical or comprehensive medical benefits for twelve months in the case of total disability. Ga. Comp. R. & Regs. r. 120-2-10-.10(5)(d). The extension of benefits is provided free of cost to you. At the end of the twelve month period, however, you cannot convert to an individual policy.

Your decision must be between conversion to an individual policy, which can continue indefinitely as long as the premiums are paid by the client or by DHR (see section 11 below), and extension of benefits for twelve months free of charge. If you believe you need insurance for more than twelve months, you should favor conversion. If you have no money to pay the conversion policy's premium and cannot qualify for DHR's Insurance Assistance Program (see section 11 below), then you may decide twelve free months of coverage is your better option.

6. What to Expect with AIDS Caps.

Employers with self-funded group health plans may try to cap AIDS related expenses. If the cap is put in place before any employee or former employee makes an AIDS related claim, the cap may still be illegal if the cap is instituted as a subterfuge to evade the purposes of the ADA. 42 U.S.C.§ 12201(c)(flush language). Anyone doing transitional planning must be aware that an increasing number of companies are instituting AIDS caps and some are doing so retroactively, i.e., the caps apply to employees or former employees under COBRA who are already ill and have already made AIDS related claims under the group health plan. Such retroactive application of an AIDS cap in self-funded group health plans has been found to be legal under ERISA in the

Fifth and Eleventh Circuits. AIDS caps are currently being challenged under the ADA. The bottom line, therefore, is that anyone who works for a company with a self-funded group health plan must be alerted to his vulnerability to an AIDS cap, but must also be encouraged to seek legal advice if a cap is instituted given that the state of the law in this area is in flux.

7. Eligibility for Social Security Disability and Supplemental Security Income (SSD/SSI).

If you begin to experience symptoms of the HIV disease, you should consider applying for both SSD and SSI. The symptoms could be as general as low energy, noticeable fatigue, weight loss and forgetfulness, or as specific as bouts with Pneumocystis carinii pneumonia (PCP) or Toxoplasmosis of the brain.

Refer to "A Guide to Social Security and SSI Disability Benefits for People With HIV Infection," which is attached when supplies permit, for information about eligibility and the application process. This is a free booklet published by the Social Security Administration. Copies can be ordered by writing:

Social Security Administration
Office of Public Affairs
Public Information Distribution Center
P.O. Box 17743
Baltimore, MD 21235.

Even those who have not suffered from an opportunistic infection may still be disabled, but have more difficulty in being approved for disability. One must show marked difficulty in performing physical or mental tasks. This showing can be hard to establish and is often the stumbling block for applicants at the initial level. Therefore, if you have been denied benefits at the initial level, you should seek legal assistance in pursuing a reconsideration and other appeal options.

8. How Much to Expect in Cash Benefits From SSD and SSI.

You can find out your anticipated SSD payments by completing the Form SSA-7004 "Request for Earnings and Benefit Estimate Statement." The form can be obtained by calling Social Security at 1-800-772-1213. The form is only one page and is easy to complete. You should receive the requested information within 6 weeks of mailing the form.

9. Work After Getting SSD.

You can try to go back to work after receiving your SSD cash benefits (SSD has, in effect, a 7 month waiting period before cash benefits are payable). See the "Social Security and Work" brochure, attached.

10. Individual or Employment-Based Disability Insurance.

You may have disability insurance either individually or through your employer. In either case, it is important to read the policy carefully to learn about its benefits.

Issues to consider are (1) how the payment of private disability benefits coordinates with Social Security Disability (SSD) payments (often each dollar of SSD reduces the private cash benefit by one dollar); (2) whether the policy is void under its pre-existing condition clause; and (3) whether the policy has a waiver of premium provision in the event of disability.

You should be advised that benefits payable under an employment-based policy are taxable if the employer paid the premiums and not taxable if you paid the premiums.

Finally, you will lose employment-based disability payments if you are fired before invoking the policy.

11. Insurance Assistance Program for Health Insurance Premiums.

The Georgia Department of Human Resources (DHR) has the Insurance Assistance Program, funded in part by the Ryan White CARE Act, that pays the private health insurance premiums for indigent or low-income persons with HIV. You must complete an application form (which must include your doctor's signature) and return the form to the local health department or DHR.

In Metro Atlanta, forms are available at the Infectious Disease Clinic, AID Atlanta, Fulton County Health Department and Southside Health Care or by calling Libby Brown at DHR at (404) 657-3127.

Outside Atlanta, forms are available at the local county health department.

12. Drug Reimbursement Program for AZT.

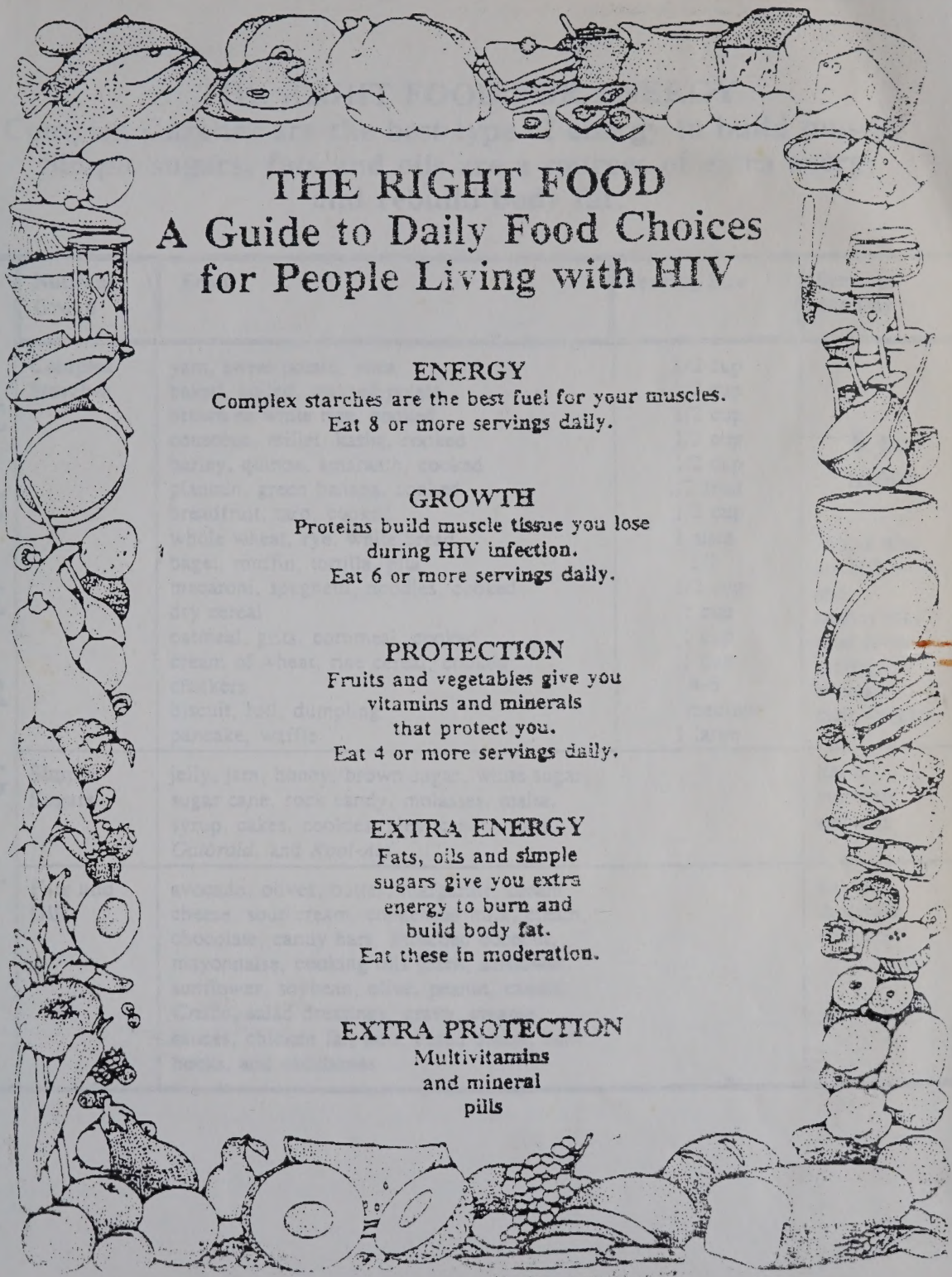
The Georgia Department of Human Resources also runs the Drug Reimbursement Program for AZT. Funds are short, but when the program is funded it can pay for the drug costs of a low-income client who is not on Medicaid and has no other insurance. To enroll in the program, you must contact the AZT coordinator at the local county health department or, for Metro Atlanta residents, the AZT Coordinator at the Infectious Disease Clinic, AID Atlanta, Southside Health Care, Mobile Mercy Care Corporation, or the Fulton County Health Department.

It is also worthwhile to ask your doctor to contact the drug manufacturing company directly to see if it has a program to provide free medication to persons who would otherwise be unable to obtain the medication. To obtain a directory of 59 prescription drug indigent programs provided by members of the Pharmaceutical Manufacturers Association, ask your doctor to call 1-800-PMA-INFO.

13. Viatical Settlements

Both group and individual term life insurance policies can be cashed in prior to death for a price. Two methods are often available. The first is viatical settlement, which is a transaction between the owner of the policy and a non-insurance company that buys the policy at a (usually deep) discount. The second is the living needs benefit or accelerated death benefit, which involves a transaction between the owner/insured and the insurance carrier. The second method is an express, purchased benefit of the policy and so is not automatically available to each insured.

You need to be aware that any cashing in of a life insurance policy is a taxable event and could have an adverse effect on public benefits (a lump sum would probably be considered income in the month received and a resource, to the extent unspent, thereafter). The U.S. Treasury Department has proposed regulations that would allow the tax-free receipt of an accelerated death benefit under a life insurance policy to a person expected to live 12 months or less. Until the regulations are made final, however, the favorable tax treatment would not apply. Also, the proposed regulations do not cover viatical settlements.



THE RIGHT FOOD
A Guide to Daily Food Choices for People Living with HIV

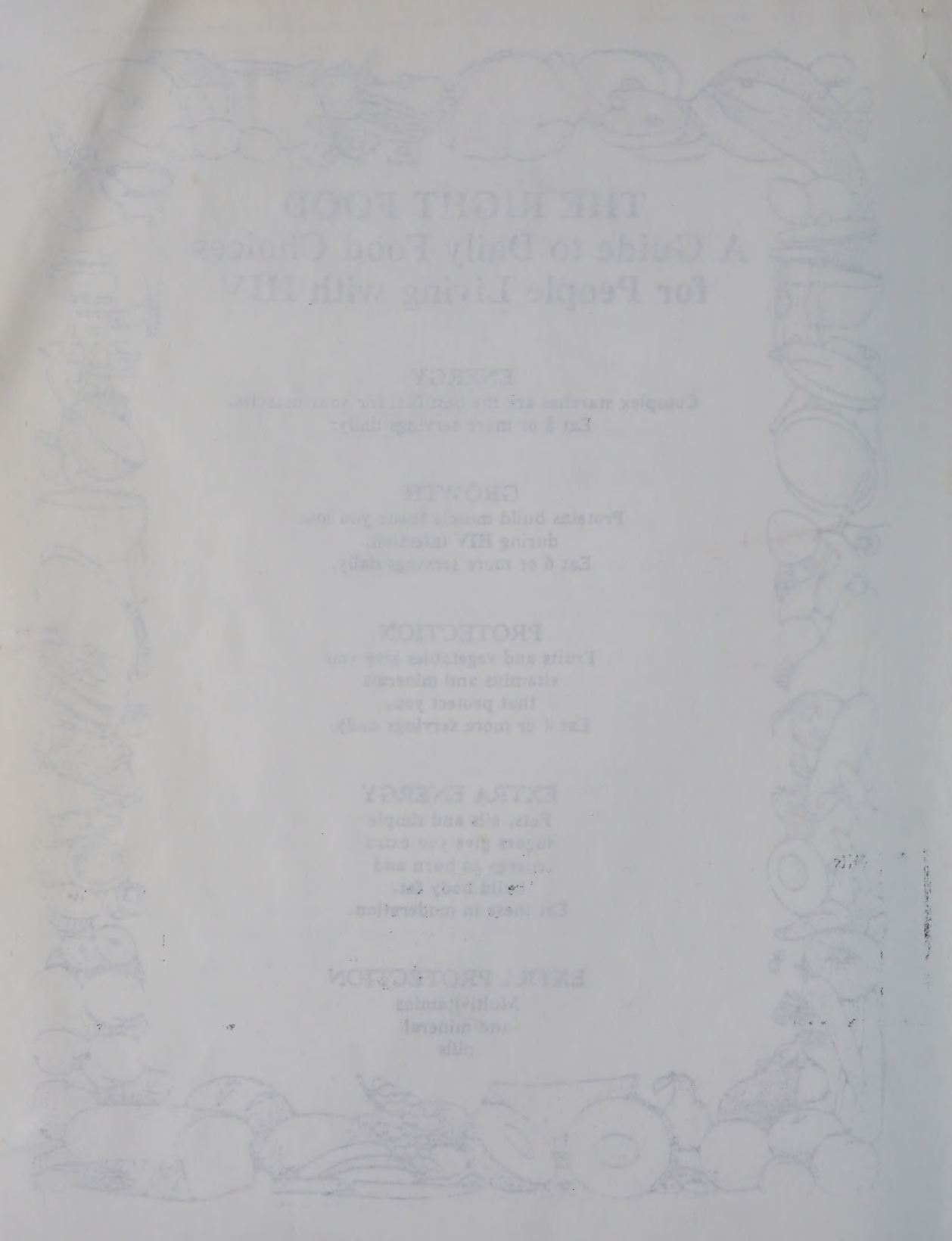
ENERGY
Complex starches are the best fuel for your muscles.
Eat 8 or more servings daily.

GROWTH
Proteins build muscle tissue you lose during HIV infection.
Eat 6 or more servings daily.

PROTECTION
Fruits and vegetables give you vitamins and minerals that protect you.
Eat 4 or more servings daily.

EXTRA ENERGY
Fats, oils and simple sugars give you extra energy to burn and build body fat.
Eat these in moderation.

EXTRA PROTECTION
Multivitamins and mineral pills



THE RIGHT FOOD FOR ENERGY

Complex starches are the best type of energy to build muscle. Simple sugars, fats and oils are a sources of extra energy and rebuild body fat.

	Nutrient Group	Food	Serving Size	Servings per Day
E N E R G Y	Complex Starches	yam, sweet potato, yuca	1/2 cup	8 or more People who are HIV+ and healthy may need fewer servings to maintain their weight.
		baked, boiled, mashed potato	1/2 cup	
		brown or white rice, cooked	1/2 cup	
		couscous, millet, kasha, cooked	1/2 cup	
		barley, quinoa, amaranth, cooked	1/2 cup	
		plantain, green banana, cooked	1/2 fruit	
		breadfruit, taro, cooked	1/2 cup	
		whole wheat, rye, white bread	1 slice	
		bagel, muffin, tortilla, pita	1/2	
		macaroni, spaghetti, noodles, cooked	1/2 cup	
		dry cereal	1 cup	
		oatmeal, grits, cornmeal, cooked	1 cup	
		cream of wheat, rice cereal, cooked	1 cup	
		crackers	4-6	
		biscuit, roll, dumpling	1 medium	
		pancake, waffle	1 large	
	Simple Sugars	jelly, jam, honey, brown sugar, white sugar, sugar cane, rock candy, molasses, malta, syrup, cakes, cookies, pies, candy, soda, *Gatoraid*, and *Kool-Aid*		Eat in moderate amounts.
	Fats and Oils	avocado, olives, butter, margarine, cream cheese, sour cream, condensed milk, cream, chocolate, candy bars, shredded coconut, mayonnaise, cooking oils (corn, safflower, sunflower, soybean, olive, peanut, canola), *Crisco*, salad dressings, gravy, creamy sauces, chicken fat, lard, cured bacon, ham hocks, and neckbones		Eat in moderate amounts.

THE RIGHT FOOD FOR PROTECTION

Fruits and vegetables have vitamins and minerals that protect immunity. They also give fiber and energy.

P	Nutrient Group	Food	Serving Size	Servings per Day
R	Vitamin C	orange, grapefruit juice	1 cup	1 or more
		mango nectar	1 cup	
O		orange, mango, tangerine	1 medium	
		kiwi	1/2 cup	
T		strawberries, raspberries	1 cup	
		broccoli, cauliflower, raw or cooked	3/4 cup	
E		green, yellow, red peppers, raw	3/4 cup	
		tomato, raw	1 medium	
C		potato, cooked	1 medium	
T	Vitamin A (Beta Carotene)	dark orange or yellow squash	1 cup	1 or more
		orange sweet potato	1 medium	
I		spinach, collard or mustard greens	1 cup	
		kale, turnip or beet greens, cooked	1 cup	
O		Swiss card, raw	1 cup	
		carrot, carrot juice	1 medium/4 oz	
N		mango, apricot	1 medium	
		cantaloupe, honeydew	1/4 melon	
	Other Fruits and Vegetables	apples, asparagus, bananas, beets, blueberries, cherries, corn, cucumbers, eggplant, figs, fruit cocktail, garlic, grapes, green peas, green string beans, leeks, lettuce, lima beans, mushrooms, okra, onions, parsnips, peaches, pears, pineapple, plums, prunes, radish, raisins, succotash, V-8 juice, watermelon, yellow wax beans		2 or more

Eat a variety of food to get the nutrients your body needs.

Multivitamin and mineral pills taken daily give you extra protection.

Adapted from God's Love We Deliver, (212)865-4900.

HOW DO YOU FEEL TODAY?

LIBRARY OF THE MUSEUM OF COMPARATIVE ZOOLOGY

ATTITUDE

"The longer I live, the more I realize the impact of *attitude* on life.

It is more important than the past, than education, than money, than circumstances, than failures, than successes, than what other people think or say or do.

It is more important than appearance, giftedness, or skill.

The remarkable thing is -- we have a *choice* every day of our lives regarding the attitude we embrace for that day.

We cannot change our past. We cannot change the fact that people will act in a certain way. We cannot change the inevitable.

The only thing we *can* do is play on the one string we have, and that is our attitude...

I'm convinced that life is 10% what happens to me, an 90% how I react to it. And so it is with you.

We are in charge of our attitudes."

- Charles Swindoll

I CELEBRATE ME

I am worth celebrating. I am worth everything.
I am unique. In this whole world, there is only one me.
There is no one person with my talents, experiences, gifts.
No one may take my place.

God created only one me, precious in God's sight.
I have immense potential to love, care, create, grow, sacrifice,
If I believe in myself.

It doesn't matter my age, or color, or whether my parents
Loved me or not.
(Maybe they wanted to but couldn't.)

It doesn't matter what I have been, the things I've done,
Mistakes I've made, people I've hurt.
I am forgiven.

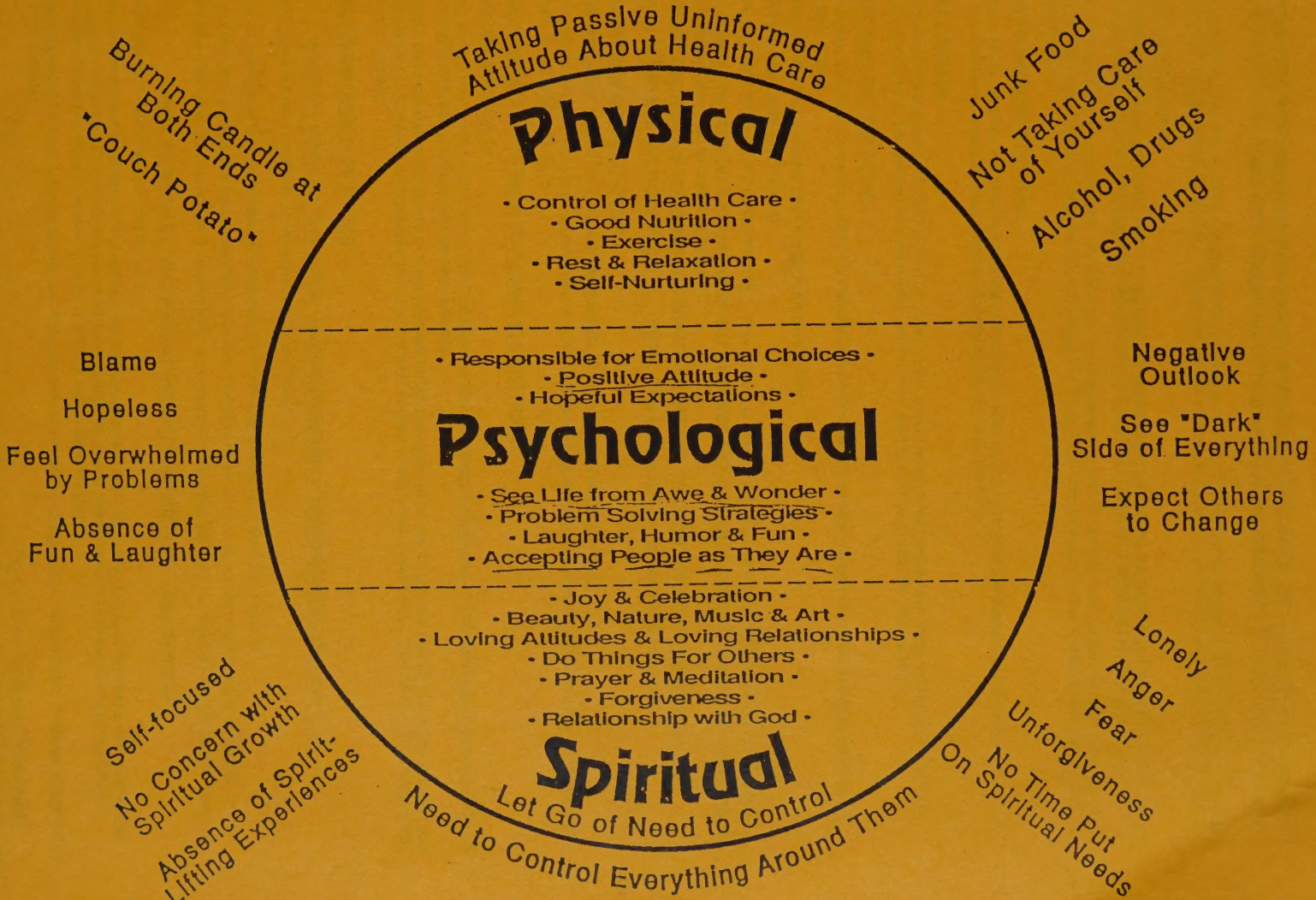
I am accepted. I am okay. I am loved in spite of everything.
So I love myself and nourish seeds within me.

I celebrate me. I begin now. I start anew.
I give myself new birth today.
I am me, and that's all I need to be.

Today is a new beginning. A new life, given freely.
So I celebrate the miracle, and I celebrate me.

LIVING IN THE BUBBLE

AND ENHANCING IMMUNE HEARTINESS



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MEDICAL SOURCE INSTRUCTION SHEET FOR COMPLETION OF ATTACHED SSA-4814-F5 (Medical Report On Adult With Allegation Of Human Immunodeficiency Virus (HIV) Infection)

Your patient, identified in section A of the attached form, has filed a claim for Supplemental Security Income disability payments based on HIV infection. **MEDICAL SOURCE:** Please detach this instruction sheet and use it to complete the attached form.

I. PURPOSE OF THIS FORM:

IF YOU COMPLETE AND RETURN THE ATTACHED FORM PROMPTLY, YOUR PATIENT MAY BE ABLE TO RECEIVE PAYMENTS WHILE WE ARE PROCESSING HIS OR HER CLAIM FOR ONGOING DISABILITY PAYMENTS.

This is not a request for an examination. At this time, we simply need you to fill out this form based on existing medical information. The State Disability Determination Services will contact you later to obtain further evidence needed to process your patient's claim.

II. WHO MAY COMPLETE THIS FORM:

A physician, nurse, or other member of a hospital or clinic staff, who is able to confirm the diagnosis and severity of the HIV disease manifestations based on your records, may complete and sign the form.

III. MEDICAL RELEASE:

An SSA medical release (an SSA-827) signed by your patient should be attached to the form when you receive it. If the release is not attached, the medical release section on the form itself should be signed by your patient.

IV. HOW TO COMPLETE THE FORM:

- If you receive the form from your patient and section A has not been completed, please fill in the identifying information about your patient.
- You may not have to complete all of the sections on the form.
- **ALWAYS COMPLETE SECTION B.**
- **COMPLETE SECTION C, IF APPROPRIATE.** If you check at least one of the items in section C, go right to section E.
- **ONLY COMPLETE SECTION D IF YOU HAVE NOT CHECKED ANY ITEM IN SECTION C.** See the special information below which will help you to complete section D.
- **COMPLETE SECTION E IF YOU WISH TO PROVIDE COMMENTS ON YOUR PATIENT'S CONDITION(S).**
- **ALWAYS COMPLETE SECTIONS F AND G. NOTE: This form is not complete until it is signed.**

V. HOW TO RETURN THE FORM TO US:

- Mail the completed, signed form, as soon as possible, in the return envelope provided.
- If you received the form from your patient without a return envelope, give the completed, signed form back to your patient for return to the SSA field office.

VI. SPECIAL INFORMATION TO HELP YOU COMPLETE SECTION D

HOW WE USE SECTION D:

- Section D asks you to tell us what other manifestations of HIV your patient may have. It also asks you to give us an idea of how your patient's ability to function has been affected.
- We do not need detailed descriptions of the functional limitations imposed by the illness; we just need to know whether your patient's ability to function has been affected to a "marked" degree in any of the areas listed. See below for an explanation of the term "marked."

SPECIAL TERMS USED IN SECTION D

WHAT WE MEAN BY "REPEATED" MANIFESTATIONS OF HIV INFECTION: *(See Item 42.a)*

"Repeated" means that a condition or combination of conditions:

- Occurs an average of 3 times a year, or once every 4 months, each lasting 2 weeks or more; or
- Does not last for 2 weeks, but occurs substantially more frequently than 3 times in a year or once every 4 months; or
- Occurs less often than an average of 3 times a year or once every 4 months but lasts substantially longer than 2 weeks.

WHAT WE MEAN BY "MANIFESTATIONS OF HIV INFECTION": *(See Item 42.a)*

- "Manifestations of HIV infection" may include:

  Any condition listed in section C, but without the findings specified there (e.g., carcinoma of the cervix not meeting the criteria shown in item 22 of the form, diarrhea not meeting the criteria shown in item 33 of the form); or any other condition that is not listed in section C (e.g., oral hairy leukoplakia, myositis).

- Manifestations of HIV must result in significant, documented, symptoms and signs (e.g., fatigue, fever, malaise, weight loss, pain, night sweats).

Continued on the reverse

MEDICAL SOURCE INSTRUCTION SHEET FOR COMPLETION OF ATTACHED SSA-4814-F5
(Medical Report On Adult With Allegation Of Human Immunodeficiency Virus (HIV) Infection)

Your patient, identified in section A of the attached form, has filed a claim for Supplemental Security Income disability payments based on HIV infection. **MEDICAL SOURCE:** Please detach this instruction sheet and use it to complete the attached form.

I. PURPOSE OF THIS FORM:

IF YOU COMPLETE AND RETURN THE ATTACHED FORM PROMPTLY, YOUR PATIENT MAY BE ABLE TO RECEIVE PAYMENTS WHILE WE ARE PROCESSING HIS OR HER CLAIM FOR ONGOING DISABILITY PAYMENTS.

This is not a request for an examination. At this time, we simply need you to fill out this form based on existing medical information. The State Disability Determination Services will contact you later to obtain further evidence needed to process your patient's claim.

II. WHO MAY COMPLETE THIS FORM:

A physician, nurse, or other member of a hospital or clinic staff, who is able to confirm the diagnosis and severity of the HIV disease manifestations based on your records, may complete and sign the form.

III. MEDICAL RELEASE:

An SSA medical release (an SSA-827) signed by your patient should be attached to the form when you receive it. If the release is not attached, the medical release section on the form itself should be signed by your patient.

IV. HOW TO COMPLETE THE FORM:

- If you receive the form from your patient and section A has not been completed, please fill in the identifying information about your patient.
- You may not have to complete all of the sections on the form.
- **ALWAYS COMPLETE SECTION B.**
- **COMPLETE SECTION C, IF APPROPRIATE.** If you check at least one of the items in section C, go right to section E.
- **ONLY COMPLETE SECTION D IF YOU HAVE NOT CHECKED ANY ITEM IN SECTION C.** See the special information below which will help you to complete section D.
- **COMPLETE SECTION E IF YOU WISH TO PROVIDE COMMENTS ON YOUR PATIENT'S CONDITION(S).**
- **ALWAYS COMPLETE SECTIONS F AND G. NOTE: This form is not complete until it is signed.**

V. HOW TO RETURN THE FORM TO US:

- Mail the completed, signed form, as soon as possible, in the return envelope provided.
- If you received the form from your patient without a return envelope, give the completed, signed form back to your patient for return to the SSA field office.

VI. SPECIAL INFORMATION TO HELP YOU COMPLETE SECTION D

HOW WE USE SECTION D:

- Section D asks you to tell us what other manifestations of HIV your patient may have. It also asks you to give us an idea of how your patient's ability to function has been affected.
- We do not need detailed descriptions of the functional limitations imposed by the illness; we just need to know whether your patient's ability to function has been affected to a "marked" degree in any of the areas listed. See below for an explanation of the term "marked."

SPECIAL TERMS USED IN SECTION D

WHAT WE MEAN BY "REPEATED" MANIFESTATIONS OF HIV INFECTION: ***(See Item 42.a)***

"Repeated" means that a condition or combination of conditions:

- Occurs an average of 3 times a year, or once every 4 months, each lasting 2 weeks or more; or
- Does not last for 2 weeks, but occurs substantially more frequently than 3 times in a year or once every 4 months; or
- Occurs less often than an average of 3 times a year or once every 4 months but lasts substantially longer than 2 weeks.

WHAT WE MEAN BY "MANIFESTATIONS OF HIV INFECTION": ***(See Item 42.a)***

- "Manifestations of HIV infection" may include:

  Any condition listed in section C, but without the findings specified there (e.g., carcinoma of the cervix not meeting the criteria shown in item 22 of the form, diarrhea not meeting the criteria shown in item 33 of the form); or any other condition that is not listed in section C (e.g., oral hairy leukoplakia, myositis).

- Manifestations of HIV must result in significant, documented, symptoms and signs (e.g., fatigue, fever, malaise, weight loss, pain, night sweats).

Continued on the reverse

21. ☐ **HEPATITIS**, resulting in chronic liver disease manifested by appropriate findings (e.g., persistent ascites, bleeding esophageal varices, hepatic encephalopathy)

MALIGNANT NEOPLASMS

22. ☐ **CARCINOMA OF THE CERVIX**, invasive, FIGO stage II and beyond

23. ☐ **KAPOSI'S SARCOMA,** with extensive oral lesions; or involvement of the gastrointestinal tract, lungs, or other visceral organs; or involvement of the skin or mucous membranes with extensive fungating or ulcerating lesions not responding to treatment

24. ☐ **LYMPHOMA** of any type (e.g., primary lymphoma of the brain, Burkitt's lymphoma, immunoblastic sarcoma, other non-Hodgkins lymphoma, Hodgkin's disease)

25. ☐ **SQUAMOUS CELL CARCINOMA OF THE ANUS**

SKIN OR MUCOUS MEMBRANES

26. ☐ **CONDITIONS OF THE SKIN OR MUCOUS MEMBRANES,** with extensive fungating or ulcerating lesions not responding to treatment (e.g., dermatological conditions such as eczema or psoriasis, vulvovaginal or other mucosal candida, condyloma caused by human papillomavirus, genital ulcerative disease)

HEMATOLOGIC ABNORMALITIES

27. ☐ **ANEMIA** (hematocrit persisting at 30 percent or less), requiring one or more blood transfusions on an average of at least once every 2 months

28. ☐ **GRANULOCYTOPENIA**, with absolute neutrophil counts repeatedly below 1,000 cells/mm^3 and documented recurrent systemic bacterial infections occurring at least 3 times in the last 5 months

29. ☐ **THROMBOCYTOPENIA**, with platelet counts repeatedly below 40,000/mm^3; with at least one spontaneous hemorrhage, requiring transfusion in the last 5 months; or intracranial bleeding in the last 12 months

NEUROLOGICAL ABNORMALITIES

30. ☐ **HIV ENCEPHALOPATHY**, characterized by cognitive or motor dysfunction that limits function and progresses

31. ☐ **OTHER NEUROLOGICAL MANIFESTATIONS OF HIV INFECTION** (e.g., peripheral neuropathy), with significant and persistent disorganization of motor function in 2 extremities resulting in sustained disturbance of gross and dexterous movements, or gait and station

HIV WASTING SYNDROME

32. ☐ **HIV WASTING SYNDROME**, characterized by involuntary weight loss of 10 percent or more of baseline (or other significant involuntary weight loss) and, in the absence of a concurrent illness that could explain the findings, involving: chronic diarrhea with 2 or more loose stools daily lasting for 1 month or longer; or chronic weakness and documented fever greater than 38° C (100.4° F) for the majority of 1 month or longer

DIARRHEA

33. ☐ **DIARRHEA**, lasting for 1 month or longer, resistant to treatment, and requiring intravenous hydration, intravenous alimentation, or tube feeding

CARDIOMYOPATHY

34. ☐ **CARDIOMYOPATHY** (chronic heart failure, or cor pulmonale, or other severe cardiac abnormality not responsive to treatment)

NEPHROPATHY

35. ☐ **NEPHROPATHY**, resulting in chronic renal failure

INFECTIONS RESISTANT TO TREATMENT OR REQUIRING HOSPITALIZATION OR INTRAVENOUS TREATMENT 3 OR MORE TIMES IN 1 YEAR

36. ☐ **SEPSIS**

37. ☐ **MENINGITIS**

38. ☐ **PNEUMONIA** (non-PCP)

39. ☐ **SEPTIC ARTHRITIS**

40. ☐ **ENDOCARDITIS**

41. ☐ **SINUSITIS**, radiographically documented

NOTE: If you have checked any of the boxes in section C, proceed to section E if you have any remarks you wish to make about this patient's condition. Then, proceed to sections F and G and sign and date the form.

If you have not checked any of the boxes in section C, please complete section D. See part VI of the instruction sheet for definitions of the terms we use in section D. Proceed to section E if you have any remarks you wish to make about this patient's condition. Then, proceed to sections F and G and sign and date the form.

D. OTHER MANIFESTATIONS OF HIV INFECTION

42. a. **REPEATED MANIFESTATIONS OF HIV INFECTION**, including diseases mentioned in section C, items 1-41, but without the specified findings described above, or other diseases, resulting in significant, documented, symptoms or signs (e.g., fatigue, fever, malaise, weight loss, pain, night sweats).

Please specify:

1. The manifestations your patient has had;
2. The number of episodes occurring in the same 1-year period; and
3. The approximate duration of each episode.

Remember, your patient need not have the same manifestation each time to meet the definition of repeated manifestations; but, all manifestations used to meet the requirement must have occurred in the same 1-year period. (See attached instructions for the definition of repeated manifestations.)

If you need more space, please use section E.

MANIFESTATIONS:	NO. OF EPISODES IN THE SAME 1-YEAR PERIOD:	DURATION OF EACH EPISODE:
EXAMPLE: Diarrhea	3	1 month each

AND

b. **ANY OF THE FOLLOWING:**

☐ Marked restriction of **ACTIVITIES OF DAILY LIVING**; or

☐ Marked difficulties in maintaining **SOCIAL FUNCTIONING**; or

☐ Marked difficulties in completing tasks in a timely manner due to deficiencies in **CONCENTRATION, PERSISTENCE, OR PACE.**

E. REMARKS: ***(Please use this space if you lack sufficient room in section D or to provide any other comments you wish about your patient.)***

F. MEDICAL SOURCE'S NAME AND ADDRESS *(Print or type)*

TELEPHONE NUMBER (Area Code)

DATE

KNOWING THAT ANYONE MAKING A FALSE STATEMENT OR REPRESENTATION OF A MATERIAL FACT FOR USE IN DETERMINING A RIGHT TO PAYMENT UNDER THE SOCIAL SECURITY ACT COMMITS A CRIME PUNISHABLE UNDER FEDERAL LAW, I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE.

G. SIGNATURE AND TITLE (e.g., physician, R.N.) OF PERSON COMPLETING THIS FORM

▶

FOR OFFICIAL USE ONLY

☐ FIELD OFFICE DISPOSITION:

☐ DISABILITY DETERMINATION SERVICES DISPOSITION:

WHAT WE MEAN BY "MARKED" LIMITATION OR RESTRICTION IN FUNCTIONING: *(See Item 42.b)*

- When "marked" is used to describe functional limitations, it means more than moderate, but less than extreme. "Marked" does not imply that your patient is confined to bed, hospitalized, or in a nursing home.
- A marked limitation may be present when several activities or functions are impaired or even when only one is impaired. An individual need not be totally precluded from performing an activity to have a marked limitation, as long as the degree of limitation is such as to seriously interfere with the ability to function independently, appropriately, and effectively.

WHAT WE MEAN BY "ACTIVITIES OF DAILY LIVING": *(See Item 42.b)*

- Activities of daily living include, but are not limited to, such activities as doing household chores, grooming and hygiene, using a post office, taking public transportation, and paying bills.
- **EXAMPLE:** An individual with HIV infection who, because of symptoms such as pain imposed by the illness or its treatment, is not able to maintain a household or take public transportation on a sustained basis or without assistance (even though he or she is able to perform some self-care activities) would have marked limitation of activities of daily living.

WHAT WE MEAN BY "SOCIAL FUNCTIONING": *(See Item 42.b)*

- Social functioning includes the capacity to interact appropriately and communicate effectively with others.
- **EXAMPLE:** An individual with HIV infection who, because of symptoms or a pattern of exacerbation and remission caused by the illness or its treatment, cannot engage in social interaction on a sustained basis (even though he or she is able to communicate with close friends or relatives) would have marked difficulty maintaining social functioning.

WHAT WE MEAN BY "COMPLETING TASKS IN A TIMELY MANNER": *(See Item 42.b)*

- Completing tasks in a timely manner involves the ability to sustain concentration, persistence, or pace to permit timely completion of tasks commonly found in work settings.
- **EXAMPLE:** An individual with HIV infection who, because of HIV-related fatigue or other symptoms, is unable to sustain concentration or pace adequate to complete simple work-related tasks (even though he or she is able to do routine activities of daily living) would have marked difficulty completing tasks.

PRIVACY ACT NOTICE: The Social Security Administration is authorized to collect the information on this form under sections 205(a), 223(d) and 1633(e)(1) of the Social Security Act. The information on this form is needed by Social Security to make a decision on the named claimant's claim. While giving us the information on this form is voluntary, failure to provide all or part of the requested information could prevent an accurate or timely decision on the named claimant's claim. Although the information you furnish is almost never used for any purpose other than making a determination about the claimant's disability, such information may be disclosed by the Social Security Administration as follows: (1) to enable a third party or agency to assist Social Security in establishing rights to Social Security benefits and/or coverage; (2) to comply with Federal laws requiring the release of information from Social Security records (e.g., to the General Accounting Office and the Department of Veterans Affairs); and (3) to facilitate statistical research and audit activities necessary to assure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

TIME IT TAKES TO COMPLETE THIS FORM

We estimate that it will take you about 10 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts, and fill out the form. If you have comments or suggestions on this estimate or on any other aspect of this form, write to the Social Security Administration, ATTN: Reports Clearance Officer, 1-A-21 Operations Bldg., Baltimore, MD 21235-0001, and to the Office of Management and Budget, Paperwork Reduction Project (0960-0503), Washington, D.C. 20503. **SEND ONLY COMMENTS RELATING TO OUR ESTIMATE OR OTHER ASPECTS OF THIS FORM TO THE OFFICES LISTED ABOVE. ALL REQUESTS FOR SOCIAL SECURITY CARDS AND OTHER CLAIMS-RELATED INFORMATION SHOULD BE SENT TO YOUR LOCAL SOCIAL SECURITY OFFICE, WHOSE ADDRESS IS LISTED IN YOUR TELEPHONE DIRECTORY UNDER THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.**

*U.S. Government Printing Office: 1993 — 342-256/80130

AIDS TREATMENT UPDATE FORUM

(Sponsored by Patient's Pharmacy)

Thursday
October 24, 1996
6:30 p.m. to 9:00 p.m.

Terrace Garden Hotel Buckhead
3405 Lenox Road, N.E.
Atlanta, Georgia

❖ ❖ ❖ *Guest Speaker* ❖ ❖ ❖

Martin Delaney

Founder of Project Inform San Francisco

Refreshments will be served.

MEDICAL SOURCE INSTRUCTION SHEET FOR COMPLETION OF ATTACHED SSA-4814-F5
(Medical Report On Adult With Allegation Of Human Immunodeficiency Virus (HIV) Infection)

Your patient, identified in section A of the attached form, has filed a claim for Supplemental Security Income disability payments based on HIV infection. **MEDICAL SOURCE:** Please detach this instruction sheet and use it to complete the attached form.

I. PURPOSE OF THIS FORM:

IF YOU COMPLETE AND RETURN THE ATTACHED FORM PROMPTLY, YOUR PATIENT MAY BE ABLE TO RECEIVE PAYMENTS WHILE WE ARE PROCESSING HIS OR HER CLAIM FOR ONGOING DISABILITY PAYMENTS.

This is not a request for an examination. At this time, we simply need you to fill out this form based on existing medical information. The State Disability Determination Services will contact you later to obtain further evidence needed to process your patient's claim.

II. WHO MAY COMPLETE THIS FORM:

A physician, nurse, or other member of a hospital or clinic staff, who is able to confirm the diagnosis and severity of the HIV disease manifestations based on your records, may complete and sign the form.

III. MEDICAL RELEASE:

An SSA medical release (an SSA-827) signed by your patient should be attached to the form when you receive it. If the release is not attached, the medical release section on the form itself should be signed by your patient.

IV. HOW TO COMPLETE THE FORM:

- If you receive the form from your patient and section A has not been completed, please fill in the identifying information about your patient.
- You may not have to complete all of the sections on the form.
- **ALWAYS COMPLETE SECTION B.**
- **COMPLETE SECTION C, IF APPROPRIATE.** If you check at least one of the items in section C, go right to section E.
- **ONLY COMPLETE SECTION D IF YOU HAVE NOT CHECKED ANY ITEM IN SECTION C.** See the special information below which will help you to complete section D.
- **COMPLETE SECTION E IF YOU WISH TO PROVIDE COMMENTS ON YOUR PATIENT'S CONDITION(S).**
- **ALWAYS COMPLETE SECTIONS F AND G. NOTE: This form is not complete until it is signed.**

V. HOW TO RETURN THE FORM TO US:

- Mail the completed, signed form, as soon as possible, in the return envelope provided.
- If you received the form from your patient without a return envelope, give the completed, signed form back to your patient for return to the SSA field office.

VI. SPECIAL INFORMATION TO HELP YOU COMPLETE SECTION D

HOW WE USE SECTION D:

- Section D asks you to tell us what other manifestations of HIV your patient may have. It also asks you to give us an idea of how your patient's ability to function has been affected.
- We do not need detailed descriptions of the functional limitations imposed by the illness; we just need to know whether your patient's ability to function has been affected to a "marked" degree in any of the areas listed. See below for an explanation of the term "marked."

SPECIAL TERMS USED IN SECTION D

WHAT WE MEAN BY "REPEATED" MANIFESTATIONS OF HIV INFECTION: *(See Item 42.a)*

"Repeated" means that a condition or combination of conditions:

- Occurs an average of 3 times a year, or once every 4 months, each lasting 2 weeks or more; or
- Does not last for 2 weeks, but occurs substantially more frequently than 3 times in a year or once every 4 months; or
- Occurs less often than an average of 3 times a year or once every 4 months but lasts substantially longer than 2 weeks.

WHAT WE MEAN BY "MANIFESTATIONS OF HIV INFECTION": *(See Item 42.a)*

- "Manifestations of HIV infection" may include:

  Any condition listed in section C, but without the findings specified there (e.g., carcinoma of the cervix not meeting the criteria shown in item 22 of the form, diarrhea not meeting the criteria shown in item 33 of the form); or any other condition that is not listed in section C (e.g., oral hairy leukoplakia, myositis).
- Manifestations of HIV must result in significant, documented, symptoms and signs (e.g., fatigue, fever, malaise, weight loss, pain, night sweats).

Continued on the reverse ➡

DEPARTMENT OF HEALTH AND HUMAN SERVICES
SOCIAL SECURITY ADMINISTRATION

Form Approved
OMB No. 0960-0503

MEDICAL REPORT ON ADULT WITH ALLEGATION OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION

DO/BO CODE:

The individual named below has filed an application for a period of disability and/or disability payments. If you complete this form, your patient may be able to receive early payments. (This is not a request for an examination, but for existing medical information.)

MEDICAL RELEASE INFORMATION

☐ Form SSA-827, "Authorization to Release Medical Information to the Social Security Administration," attached.

☐ I hereby authorize the medical source named below to release or disclose to the Social Security Administration or State agency any medical records or other information regarding my treatment for human immunodeficiency virus (HIV) infection.

CLAIMANT'S SIGNATURE *(Required only if Form SSA-827 is **NOT** attached)* | DATE

A. IDENTIFYING INFORMATION

MEDICAL SOURCE'S NAME | CLAIMANT'S NAME

CLAIMANT'S SSN | CLAIMANT'S DATE OF BIRTH

B. HOW WAS HIV INFECTION DIAGNOSED?

☐ Laboratory testing confirming HIV infection

☐ Other clinical and laboratory findings, medical history, and diagnosis(es) indicated in the medical evidence

C. OPPORTUNISTIC AND INDICATOR DISEASES: *Please check if applicable.*

BACTERIAL INFECTIONS

1. ☐ **MYCOBACTERIAL INFECTION** (e.g., caused by M. avium-intracellulare, M. kansasii, or M. tuberculosis), at a site other than the lungs, skin, or cervical or hilar lymph nodes
2. ☐ **PULMONARY TUBERCULOSIS,** resistant to treatment
3. ☐ **NOCARDIOSIS**
4. ☐ **SALMONELLA BACTEREMIA**, recurrent non-typhoid
5. ☐ **SYPHILIS OR NEUROSYPHILIS** (e.g., meningovascular syphilis) resulting in neurologic or other sequelae
6. ☐ **MULTIPLE OR RECURRENT BACTERIAL INFECTION(S),** including pelvic inflammatory disease, requiring hospitalization or intravenous antibiotic treatment 3 or more times in 1 year

FUNGAL INFECTIONS

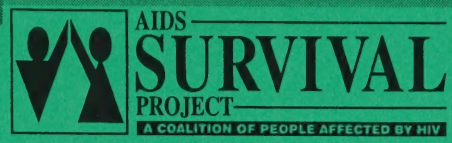
7. ☐ **ASPERGILLOSIS**
8. ☐ **CANDIDIASIS**, at a site other than the skin, urinary tract, intestinal tract, or oral or vulvovaginal mucous membranes; or candidiasis involving the esophagus, trachea, bronchi, or lungs
9. ☐ **COCCIDIOIDOMYCOSIS**, at a site other than the lungs or lymph nodes
10. ☐ **CRYPTOCOCCOSIS,** at a site other than the lungs (e.g., cryptococcal meningitis)
11. ☐ **HISTOPLASMOSIS,** at a site other than the lungs or lymph nodes
12. ☐ **MUCORMYCOSIS**

PROTOZOAN OR HELMINTHIC INFECTIONS

13. ☐ **CRYPTOSPORIDIOSIS, ISOSPORIASIS, OR MICROSPORIDIOSIS,** with diarrhea lasting for 1 month or longer
14. ☐ **PNEUMOCYSTIS CARINII PNEUMONIA OR EXTRAPULMONARY PNEUMOCYSTIS CARINII INFECTION**
15. ☐ **STRONGYLOIDIASIS**, extra-intestinal
16. ☐ **TOXOPLASMOSIS** of an organ other than the liver, spleen, or lymph nodes

VIRAL INFECTIONS

17. ☐ **CYTOMEGALOVIRUS DISEASE,** at a site other than the liver, spleen, or lymph nodes
18. ☐ **HERPES SIMPLEX VIRUS** causing mucocutaneous infection (e.g., oral, genital, perianal) lasting for 1 month or longer; or infection at a site other than the skin or mucous membranes (e.g., bronchitis, pneumonitis, esophagitis, or encephalitis); or disseminated infection
19. ☐ **HERPES ZOSTER**, disseminated or with multidermatomal eruptions that are resistant to treatment
20. ☐ **PROGRESSIVE MULTIFOCAL LEUKOENCEPHALOPATHY**



AIDS TREATMENT UPDATE FORUM

(Sponsored by Patient's Pharmacy)

Thursday
October 24, 1996
6:30 p.m. to 9:00 p.m.

Terrace Garden Hotel Buckhead
3405 Lenox Road, N.E.
Atlanta, Georgia

❖ ❖ ❖ *Guest Speaker* ❖ ❖ ❖

Martin Delaney

Founder of Project Inform San Francisco

Refreshments will be served.

"We are diverse people living with HIV, united to promote self empowerment and enhanced quality of life for HIV affected individuals through advocacy, education, peer support and treatment activism."

Share the vision? Make it happen in '96.

Opportunities include: office staff, library assistants, peer counselors, newsletter publication, Operation: Survive! staff, special events production, etc.

Next Volunteer Orientation for AIDS Survival Project Wednesday, Oct. 9, 6-7:30 pm

For more information, contact Marcus Fleischhacker at 404/874-7926.

AIDS SURVIVAL PROJECT

A COALITION OF PEOPLE AFFECTED BY HIV

828 West Peachtree Street, Suite 206 Atlanta GA 30308

828 West Peachtree Street, N.W., Suite 206
Atlanta, GA 30308

ADDRESS CORRECTION REQUESTED

NON PROFIT ORG.
U. S. POSTAGE
PAID
ATLANTA, GA
PERMIT NO. 1242

ATTENTION POST MASTER:
DATED MATERIAL
PLEASE DELIVER PROMPTLY

OCTOBER 1996

October 1996

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		Newsletter Deadline 5:15 - 6:45 pm Women's Support Group 7:00 pm Hope Chest Meeting 7:30 pm ACT UP 1	2	3	4	5
6	7:30 pm Positively Living Support Group 7	5:15 - 6:45 pm Women's Support Group 7:30 pm ACT UP 8	6:00 - 7:30 pm General Volunteer Orientation 6:00 - 10:00 pm Peer Counseling Orientation 9	6:30 pm Board Meeting Public invited to attend 10	11	12
13	7:30 pm Positively Living Support Group 14	5:15 - 6:45 pm Women's Support Group 6:30 pm Special Events Committee 7:30 pm ACT UP 15	1:00 pm Newsletter Committee 8:30 pm Debate Watch '96 (call for details) 16	6:00 - 10:00 pm Peer Counseling Inservice 17	18	10:00 am - 4:00 pm Peer Counseling Skills Building 19
1:30 pm AIDS Walk at Piedmont Park (Activities begin at 11:00 pm) 20	7:30 pm Positively Living Support Group 21	5:15 - 6:45 pm Women's Support Group 7:30 pm ACT UP 22	23	6:30 - 9:00 pm AIDS Treatment Update Forum with Martin Delaney at Terrace Garden Hotel in Buckhead, 3405 Lenox Road 24	25	26
27	7:30 pm Positively Living Support Group 28	5:15 - 6:45 pm Women's Support Group 7:30 pm ACT UP 29	30	HALLOWEEN 31		

November 1996

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					Newsletter Deadline 1	2
3	7:30 pm Positively Living Support Group 4	ELECTION DAY 5:15 - 6:45 pm Women's Support Group 7:30 pm ACT UP 5	6	7	8	Operation:Survive! Day 1 (Call to register) 9
Operation: Survive! Day 2 (Call to register) 10	VETERANS DAY 7:30 pm Positively Living Support Group 11	5:15 - 6:45 pm Women's Support Group 7:30 pm ACT UP 12	6:00 - 10:00 pm Peer Counseling Inservice 13	6:30 pm Board Meeting Public invited to attend 14	15	16
17	7:30 pm Positively Living Support Group 18	5:15 - 6:45 pm Women's Support Group 6:30 pm Special Events Committee 7:30 pm ACT UP 19	1:00 pm Newsletter Committee 6:00 pm Volunteer Orientation 6:00 - 10:00 pm Peer Counseling Orientation 20	21	22	10:00 am - 4:00 pm Peer Counseling Skills Building 5:00 pm Hope Chest Auction at King Plow Arts Center 23
24	7:30 pm Positively Living Support Group 25	5:15 - 6:45 pm Women's Support Group 7:30 pm ACT UP 26	27	THANKSGIVING DAY Office Closed for Holiday 28	Office Closed for Holiday 29	30

SURVIVAL News

MONTHLY PUBLICATION OF AIDS SURVIVAL PROJECT

October 1996

MISSION

We are diverse people living with HIV, united to promote self-empowerment and enhanced quality of life for HIV affected individuals through advocacy, education, peer support, and treatment activism.

New Board Elected at 1996 Annual Meeting

This year's annual meeting was held on September 6, 1996 to a large showing of membership and supporters. Special thanks were given to Kurt Rahn, who was instrumental in the founding of the agency, and Colleen Witt of Glaxo Wellcome for her continuous support over the years. Patient's Pharmacy was also recognized for their generous support of the LiveWell Fund, and Jeff Graham presented a plaque to recognize David Wagner for his many years of devoted work with the resource library.

After the membership approved a proposed change to the by-laws, 13 people were elected to the Board of Directors: Hubert Alexander, Susan Cornutt, Bill Gardner, Eva Hansen, Bill Harris, Roy Hill, Karen Ivester, Allen Moore, Dr. William Ramirez, Larry Sheldon, David Stanley, Bill Stoddard and Eddie Young. Current Board members whose terms did not expire include Dr. Edith Biggers, John Boykin, Gary Cox, Stephen Gura, Bonita Judon, Michael Knight, and Allen Thornell. The Board will begin vision planning with a day-long session on October 5 to establish its goals for the agency.

A special thanks to Magnolia Catering and Maud Baker Florist for their contributions at the annual meeting.

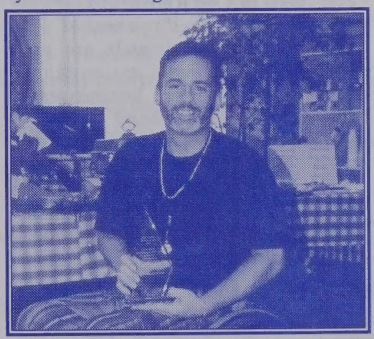
Chris Miller Receives Kappers Founders Award

by Bill Harris, Board President

Each year, the Board of Directors recognizes a volunteer within the organization for outstanding service and dedication over the years. Before last year's annual meeting, the Board named the award the John Kappers Founders Award. This award is given in recognition of someone who has given an extraordinary amount of time to support the self-empowerment of individuals affected by HIV, an individual whose actions have had an impact on the community-at-large and has been a knowledgeable and vocal advocate for all people living with HIV. This year's award recipient is Chris Miller, RN.

Chris first became involved with AIDS Survival Project as a peer counselor working at the Grady IDP and later at the ASP office. He has volunteered in this capacity for several years and has always gone above and beyond as a peer counselor, even making hospital visits. He is also a trainer with the peer counseling program. One of the important components of the program is the ability to refer individuals to other organizations so that they can get their needs met. Chris was instrumental in organizing all of the resource information and seeing that it was computerized.

As a registered nurse, Chris has volunteered his expertise to update a large portion of the 300+ page workbook for *Operation: Survive!*, and is a member of the *Operation: Survive!* steering committee. During the seminar, he has volunteered as both a group facilitator and a presenter, setting the tone of the weekend with his HIV Overview. Chris always receives high marks by those attending.



Chris has worked to organize the strategic plan of the Board, making it easier to understand. As a presenter, he has volunteered for several speaking engagements and information fairs which have always been a positive experience for those who have participated. Chris Miller is the embodiment of an HIV+ person who is empowered, and he is very worthy of this year's award.

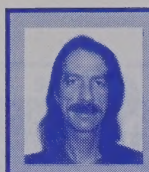
Agouron Announces Expanded Access

by Eric D. White

On September 16, 1996, Agouron Pharmaceuticals, Inc. announced the availability of Viracept (nelfinavir mesylate), an HIV protease inhibitor, through an expanded access program. The program is for people with advanced HIV disease who have exhausted all current protease inhibitor treatment options. People who are unable to take any of the three approved protease inhibitors due to intolerance, and have a CD4 cell counts equal to or less than 50, qualify for this program. A toll free information service is available for physicians, health care professionals and people interested in the Viracept Expanded Access Program. For more information call: **(800) 621-7111**, Monday through Friday from 8:00 a.m. to 6:00 p.m. EDT.

FDA Approves HGH

On August 26, Serono Laboratories announced that they had received clearance from the Food and Drug Administration (FDA) to market their Serostim brand of human growth hormone (somatropin). Serostim has been indicated for the treatment of AIDS wasting; for more information, contact the Serostim Access Line at **(800) 714-2437**, 8:30 a.m.to 5:00 p.m., Mon.-Fri.



Eye of the Storm

Joe Greenwood

You Gotta Have Friends

We've been very fortunate here at AIDS Survival Project over the last year to have made some wonderful new friends. Many Atlanta area businesses feel as strongly as we do about fighting AIDS, and have come to us to ask how they can help.

Patient's Pharmacy, for example, helped us establish our new LiveWell Fund, by pledging $10,000 a year for the next five years—a $50,000 contribution! Their involvement with ASP helped to make our *Who's Dining Who?* event a success once again on September 21st. My favorite radio station, 99X, included ASP in their Big Day Out benefit on the 21st as well. And the Cash Commitment Card program of the Kroger Company provided us with $2,632 for the second quarter of 1996. (Yes, those little cards you give the cashier are actually doing something.)

Many of our biggest supporters provide us with donations and services every month, very quietly, and we'd be lost without them. Direct Marketing Solutions has been donating about $1000 a month since January, which has allowed us to purchase many of the things we need around here so badly. Dining In Caterers and Milano's Pizza are always there for us during our training sessions and *Operation: Survive!* forums, and have been for a long time. And Printing Concepts and Gates Marketing help us keep the cost down on this newsletter, so you can read my wonderful column every month. Sometimes, no matter how many times we thank them, it just never seems like enough—they are so important to **our** survival.

Emory Village Flowers and Gifts has now joined our other old friends; they will make a gift to AIDS Survival Project if you mention us when you shop with them. Just like the Kroger program, they will make a gift based on a percentage of your purchase, and it will not cost you anything. The program is available to any customer and for any purchase, local or worldwide.

However, there is one major difference here—no cards or special numbers are needed. Emory Village Flowers and Gifts just requires that you mention us when you place your order. I put a little reminder card at the end of this column to clip and put near your phone, or on your fridge, or with your credit cards to remind you to mention us—but, again, all you really have to do is mention our name when you make a purchase.

It's great to have friends like that, now ain't it? We're especially excited to have two new next-door neighbors moving in down the hall from us. The Atlanta Pride Committee is one of them, and they have named us as one of their official sponsors for next year's Pride celebration. The other neighbors are old friends of ASP—our buddies at AIDS Treatment Initiatives have moved here at 828 with us, too, and boy, it's good to have them just down the hall again. Suddenly, the second floor of this building has become very busy, and everyone around here is excited by all the new changes.

Hopefully, this will just be the beginning of many more new relationships to come. But we never forget about the relationships that mean the most of all to us, and that's the special ones we have with you all, our members. Don't ever forget that we'll always be there for you if you need us. And our friends are your friends, too, so support those businesses I mentioned above—they've done a lot for all of us. Thank God there are still a few people out there in the community that actually do give a damn about us. I should go before I get misty-eyed and sing "You've Got a Friend..."

Emory Village
flowers & gifts

A percentage of each purchase will be contributed to

AIDS Survival Project

Remember to mention our organization to assure credit when you call Emory Village Flowers & Gifts for your floral and gift needs, local or worldwide. Your help in contributing to our cause is greatly appreciated.

GA: 404/378-3900 • USA: 800/554-1119

In This Issue of *Survival News*:

PROJECT HAPPENINGS 3
TREATMENT UPDATE 7
SPECIAL CHART: ASSISTANCE PROGRAMS ... 10
HIVIEWPOINTS 13
COMMUNITY OUTLOOK 15
CLASSIFIEDS / PERSONALS 17

SURVIVAL News

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Survival News is produced and published by AIDS Survival Project which is solely responsible for its content. If you have articles you would like to submit, please contact the AIDS Survival Project office during regular office hours.

PLEASE NOTE: News and resources included in this newsletter are for informational purposes only and do not constitute any endorsement or recommendation of, or for, any medical treatment or product by AIDS Survival Project. With regard to medical information, AIDS Survival Project recommends that any and all medical treatment you receive or engage in be discussed thoroughly and frankly with a competent, licensed, and fully AIDS-informed medical practitioner, preferably your personal physician.

Opinions expressed in various articles of this newsletter are not necessarily those of AIDS Survival Project members. Any individual's association with AIDS Survival Project or mention of an individual's name should not be considered an indication of that person's health status. Please contact AIDS Survival Project for permission to duplicate any of the information contained within this newsletter. Members can have their newsletter sent to them stapled shut by contacting our office to have this arranged.

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Action = Life

Jeff Graham

Okay, at this point y'all are registered and ready to get out to the polls on November 5. You're probably asking yourself who you should vote for. In fact, you may even be desperately flipping through *Survival News* looking for our list of recommended candidates. Well, you won't find one! Not only can we not recommend candidates, I don't think it's appropriate. After all, AIDS Survival Project is about self-empowerment, and what better way to prove you're empowered than by picking your own candidate to support.

Of course we will be there to help. Here are some resources that may be helpful in educating yourself about the candidates and the issues:

Project Vote Smart

One of the groups we've been working closely with this past year is an organization based in Oregon called Project Vote Smart. I've been reviewing the materials of this group, and I think that they're fabulous. The materials they produce present voting records on many elected officials (mostly federal, but some local as well) and provide easy answers to questions about voting and how the government works.

If you'd like to receive one of the Project Vote Smart packets, you can stop by the office, or call us at (404) 874-7926 and we'll send one to you.

If you're one of the lucky folks with Internet access, we can reach the Project Vote Smart web site at *http:// www.vote-smart.org*. The website is an incredible source of information. There is an issues page with links to other sites containing valuable information on everything from AIDS to taxes to education. There's also section on candidates that provides information on all presidential candidates and many other offices as well.

Just to give you an idea on how extensive their information is, did you realize that there are nine parties with presidential candidates?! That's right, besides the Democrats and the Republicans, there are also candidates from the Independent, Libertarian, Natural Law, People's Revolutionary, Reform, Socialist, and Veteran's parties.

Finally, they contain a page letting you know how to contact all the members of the Georgia legislature. If you don't know what your legislator thinks about some of the issues, call them up and ask them!

If Internet access is a problem, you can also call Project Vote Smart at 1-800-622-SMART and they can help answer your questions over the phone.

Debate Watch '96

We're also planning on hosting an evening of lively political discussion as we participate in *Debate Watch '96*. This is an opportunity for folks to get together, watch the presidential and vice-presidential debates, and then discuss what they think of the candidates' views. Anyone can host a debate watch in their home. All you need is a television and about a half-dozen guests.

After the debate, spend some time just talking about your reactions. Did the candidates address the issues you are most concerned about? Do you think their past record indicates how they might serve the people? Did your impression of them change after watching the debate?

At this time, the remaining presidential debate are scheduled for October 9 and October 16. The vice-presidential debate is scheduled for October 2. All debates are scheduled to start at 9:00 p.m. Eastern Time. Now remember, all of this may change, so be sure to check your local news for the final schedules as the time comes closer.

For those of you who may want to watch the debates in a larger setting, AIDS Survival Project will be sponsoring a Debate Watch at our office on Wednesday, October 16. The event will start at 8:30 p.m. and we will have some light refreshments available. If you're interested in coming to our Debate Watch, I will ask you to call ahead and let us know you're coming. You can call us at (404) 874-7926 and leave a message. Right now we're looking at the possibility of moving it to a restaurant or bar, so be sure to watch for an update on the plans and activities in *ETC* Magazine and *Southern Voice*.

Know the Issues

All of this research seems pretty daunting, and after all, what real difference will it make who you vote for? Well, it may make quite a bit of difference. Remember everything from funding for research to laws regulating the types of permissible AIDS education are decided on by **your** elected officials. What's more, the people in office are often the ones who end up appointing the bureaucrats that make even more decisions such as the drugs that are available to people without private insurance or the Supreme Court judges who determine what your civil rights are. It's easy to be a big-time cynic and stay home come election day, but is it in your own best interest?

AIDS SURVIVAL PROJECT
A COALITION OF PEOPLE AFFECTED BY HIV

AIDS Treatment Update Forum

(Sponsored by Patient's Pharmacy)

Thursday
October 24, 1996
6:30 p.m. to 9:00 p.m.

Terrace Garden Hotel Buckhead
3405 Lenox Road, N.E.
Atlanta, Georgia

❖ ❖ ❖ *Guest Speaker* ❖ ❖ ❖

Martin Delaney

Founder of Project Inform San Francisco

Refreshments will be served.

PATIENT'S PHARMACY

Volunteer Corner

Marcus Fleischhacker

During the first seven months of 1996, volunteers for AIDS Survival Project recorded 5,325 hours of service to those affected by HIV/AIDS. We estimate that another 1,000 hours went unrecorded. That's the equivalent of five full-time employees. That's outstanding!

Over 280 volunteers, 111 of them new, have touched the lives of more people than we will ever know. Volunteers have counseled, educated and encouraged people through Peer Counseling, *Operation: Survive!*, *Survival News*, the Treatment Resource Center library and forums. Volunteers have done office work and fund raising. They have challenged public policy makers, healthcare professionals, insurance companies and pharmaceuticals. They have guided the agency as Board members and advisory committee members. Some of the volunteers put in twenty to thirty hours a week. Some have done three or four hours over the last seven months. They have all contributed something of themselves.

"Congratulations" and "thank you" seem limp words in light of these accomplishments. Yet they are about the best I can do. Perhaps the best words of gratitude come from people who tell us we have helped them find hope, changed their attitudes and behavior and even saved their lives. Being a volunteer at AIDS Survival Project is no lighthearted stroll through the park on a beautiful day. It's work, hard work, universe-changing work.

Not only clients and members, but also funders, are taking note of all the good work volunteers are doing. In recent months several funders have told us they want to support the work we do because it is such excellent work and they want to be identified with us. They want to be seen as supporting a winner, an agency that delivers on its promises and mission. Our donor base is both expanding and diversifying. They want their name associated with our name, a name created by the great work of dedicated volunteers.

These statistics were compiled for a recent report to the AIDS Fund of the United Way of Metropolitan Atlanta and the Metropolitan Atlanta Community Foundation. A grant from this fund supports part of the salary of the Resource Coordinator. They wanted to know how their investment in AIDS Survival Project was paying off. "Not badly," I would say. "Not badly at all."

Personally I am impressed by the number of hours contributed. I knew there were a lot, but I did not expect it to be this high until we counted them. I knew we could not provide all our services without the help of volunteers but I was still surprised when I saw the figures.

And, it helps me understand better why I am exhausted sometimes by my work as Resource Coordinator. If volunteering is no stroll in the park, coordinating volunteers is not simply people-watching in the park. And, as more people volunteer and do more things, coordinating gets more and more involved. It's a nice problem to have!

I must confess, however, that in recent weeks I have not been focused on this tremendous volunteer corps and its work. I have been more aware of the frustrations of coordinating: people not showing up when they say they will, not doing what they promised they would, not getting along with other volunteers or staff, and then those really nasty things like getting sick and dying.

So, volunteers, help me out here. Don't go getting sick and dying. Cooperate with one another. Keep your word and your appointments. Do universe-changing work to the best of your ability.

Finally, keep recording the hours you contribute whether at the office, from your home or car, from your workplace, over lunch. It boosts my spirits when I see the numbers and it impresses funders when they look for an agency to be associated with.

Most importantly, of course, is the outstanding service you provide to those who seek help from AIDS Survival Project. It's not a simple, bottom-line numbers game. It's not a matter of keeping me or a funder happy. It really is a matter of making a difference in someone's life, hour by dedicated hour. You did it for over 6,000 hours already this year and you can do it again.

We will celebrate all of you on Saturday afternoon, December 7, at our Volunteer Appreciation and Holiday Party. Be sure to join us. You deserve it!

Our Wish List

You can help AIDS Survival Project enhance its programs and services by donating any of the following items or by providing funds for their purchase. Please call Marcus at (404) 874-7926 to discuss your gift. We always appreciate any help you can give!

CD player
VCR
Macintosh Power Book
Computer desk or workcenter
Frequent flyer miles

A super thank you to **Direct Marketing Solutions** for the computer printer stand, the PA system, paper shredder, paper trimmer, two folding banquet tables and twenty stackable chairs.

The LiveWell Fund

AIDS Survival Project thanks the contributors to this special fund for education and information access. They are unique individuals and businesses who know that life is precious and worthy of unusual gifts.

Sustaining Gold Sponsor
($50,000 to $99,999)
Patient's Pharmacy
($10,000 per year for 5 years)

PUTTING THE FIGHT AGAINST AIDS ON THE BLOCK...

Hope CHEST

2ND ANNUAL AUCTION FOR THE AIDS SURVIVAL PROJECT

November 23, 1996
King Plow Arts Center
887 W. Marietta Street, NW

Antiques, Collectibles & Memorabilia

For More Info, Call AIDS Survival Project (404) 874-7926

Getting There From Here

Alicia A. Culver

Some things about which I had wanted to report to you are rather up in the air or in mid-research, so this month my little area here is a bit of a hodgepodge. You will be treated to an article by my dear and dearly missed friend Don Harwell, for which we've been trying to find a place for over a year. After you read Don's article, you might find yourself wanting more of his wisdom and wit, so call our office for one of his books, they are only $10.00 (arrangements can be made if that is too much). As well, there have been some changes in the way housing is accessed in Atlanta, so I thought this month I'd turn to the expert on all things housing, Mary Jane Lubinski, to give us the skinny.

If Some Is Good, More is Better

by Mary Jane Lubinski

The old saying "If some is good, more is better" could really get one into trouble! However, in the present instance, this "more" is indeed "better"! The "more" I am talking about here refers to housing.

In Atlanta we now have a centralized intake system for the HIV-supportive housing programs. By completing one application, you can have an opportunity to apply to as many as five housing programs. These housing programs, totally dedicated to serving persons living with HIV/AIDS, include: AIDS Education Services for Minorities, The Edgewood, Jerusalem House, Legacy Village, Matthew's Place and Sisterlove. Prior to this system, each program had a separate application form. We have streamlined this process dramatically. Now one application opens the door to several options.

How does it work?

• The AIDS service provider or case manager meets with you to discuss housing options. If you desire any HIV-supportive housing program, an application is completed. On the application all your housing choices are noted.

• Applications are sent to the Living Room (located at the Ponce Center), where they are checked to make sure they are complete.

• Living Room, the central clearing house, sends the application on to all of the housing programs you have chosen.

• The housing program then calls you in for an interview.

Two things to remember:

• As a tenant or resident, **you choose where you want to live.**

• As a housing provider, **they choose who will live in their facility.**

Why do it this way?

• You have more choices and less hassle.

• AIDS service providers and case managers have less paperwork.

• Medical providers have less paperwork, and fewer lab tests.

• Housing providers have a full house!

If at any time you want to know where you are in the process, you can contact Living Room at (404) 616-6332. Remember, to access any HIV housing program, go through your AIDS service provider or case manager.

Look Outward Angel

by Don Harwell

Harold: But Maude, you sure have a way with people.
Maude: Well, they're my species..

—from *Harold and Maude*

The characteristics of long-term survivors are well-known and often repeated. I have tried to follow them all, with the emphasis on "tried." In my own journey, one opportunity has been the most significant of all: working altruistically with other PWA's. Even now when my abilities are so limited, I still enjoy talking and corresponding with other sick friends, their family members, and sharing insights with people, some of whom I have never even met.

Sure, we have to take care of ourselves, nurture our own health, learn to ask for help and learn how to say "no." Many of us are literally fighting for our lives on a daily basis. We often have to be angry, assertive, selfish and demand that our own needs be addressed and our rights respected.

Yet focusing solely on oneself is not only bad for your health, it is a formula for misery and loneliness. We are occasionally entitled to wallow in sadness and what a friend calls "the woes is meezes," but not for long. I mean, who really wants to hear it on a daily basis in agonizing detail?

I'm definitely not suggesting that I am any more benevolent or saintly than the next person. In fact, I am neither, as those who know me well will attest. As an AIDS activist, I have been accused of being strident, impatient, arrogant and self-serving. I plead no contest to all counts.

I would also be the first to admit that I have a selfish motivation in trying to help others—it makes me feel good. As a hospice volunteer, someone asked me why I did it. I thought for a moment, and the only honest reply I could give was that I got much more out of it than I put in.

In counseling other PWA's for years, I have been privileged to listen and to empathize with the problems of others, sharing their experiences, and advising them on a range of medical, insurance, social service and attitudinal issues. Toward the middle of the conversation, I always disclosed my own status (back then I actually looked healthy), briefly shared my own story, and tried to leave them with a message of, "If I can do it, you can do it. Let's survive together."

In truth, I wasn't always very good at it. I would lose patience with clients who came back time and time again asking only for a handout, totally uninterested in the variety of self-help information, spurned even the ideas of support groups, would not take their medications, skipped MD appointments, cavalierly quit their jobs and knowingly forfeited their health insurance—and then wanted to know what I planned to do about it.

Yet every day I left work feeling I was helping someone else, and realizing that the vast majority of our clients were in far more dire straits than I. And for those who did show an interest in their own welfare, I invested a great deal of time, effort and energy to help.

Other friends who have done well seem to be the ones who are the most positive, outgoing volunteers, braving their own illness to visit PWA's in the hospital, offering a ride to a needy client or sharing their stories with others through the Speakers Bureau. As Charles Dickens once said, "No one is useless in this world who lightens the burden of it for someone else."

Of course, none of us has the cure for AIDS, there is often little we can really do to help and many "burn out" in the face of ubiquitous unmet human need. Yet all of those hackneyed axioms you have heard all of your life are really true: light one candle, each journey begins with a single step and we can save the youths of America one child at a time.

Perhaps this simple story, sent by a dear friend, says it all:

As the old man walked the beach at dawn, he noticed a young man ahead of him picking up starfish and flinging them into the sea.

Finally, catching up with the youth, he asked him why he was doing this. The answer was that the stranded starfish would die there if left until the morning sun.

"But the beach goes on for miles and there are millions of starfish," countered the old man. "How can your efforts make any difference?"

The young man looked thoughtfully at the starfish in his hand before he threw it to the safety of the waves. Then he looked into the old man's eyes and said, "It makes a difference to this one."

Peer Counseling Report

Lesley Brogan

"What difference does it make anyway?" As I near my first anniversary here at ASP, I find myself reflecting back on this past year and trying to get a handle on what I have learned. There have been struggles and wrestlings, there have been more questions than answers, there have been times of jubilation and of grief. AIDS Survival is a place that is alive and kicking. This isn't a place where folks stand still very often.

Many lessons are taught in this place, and I've learned a great deal. The one I mark as my year's lesson is symbolized for me in the notion of throwing a pebble in the water. One pebble. One throw. No big deal. What's it worth really? For me, the lessons of the past year can be found in the ripples. Those ripples move out from the initial area and go beyond what is known and seen.

There have been Steering Committee meetings since last November, working with the prevention grant from the DHR. Our goals have been to identify ways of measuring peer counselors' safer sex practices, identify areas of healthy lifestyle choices as well as risk behaviors, and create ongoing training programs to promote health.

It's not nearly as institutional as it sounds. Instead, it has been asking questions and responding in programmatic ways to what we learn. It is about offering all of us a place to discover more about HIV prevention, healthy choices, one another and ourselves.

A lot of the time I describe peer counselors as ASP volunteers who provide emotional support to those affected by HIV/AIDS. Then I usually add that these are folks who are choosing to make healthy lifestyle choices. Then I wonder what I mean by that. How can you define healthy lifestyle choices?

Recently I shared a rich conversation with some friends from seminary. We talked about our notions of what a holistic, healthy lifestyle looks like. Our conversation was animated, to say the least. We all seemed to have our own opinions, and these opinions seemed to come with their own soapbox. When it had all been said and done, all of the explanations came back to the significance of connectedness. Emotional, mental, spiritual, and physical health are all interrelated. Each person in that conversation had her own personal definition about what healthy choices would look like. We *were* able to reach a consensus when it came to the need for balancing those areas. Being spiritually healthy can not happen in a vacuum. Spiritual health is related to physical health as well as emotional and mental health. It seems to be a life's goal to find places where each of these areas can be tended and brought into balance with one another.

So with all of this said, why is this lesson symbolized for me in the image of throwing a pebble into the water? I suppose because that act appears to be a simple one. And in many ways, it is. But there are ripples that move out in all directions from that one act. Some would call those ripples places of "accountability;" some would identify the ripples as "consequential events." Those are true and still there is more. We are all interrelating in this space. Our actions matter to those around us.

For me, the peer counselors that I have been journeying with this past year have taught me about the hope and the power that are in those pebbles. And the ripples are teaching me about our interconnectedness.

Be a Part of AIDS Walk Atlanta

by Dan Dunable, AIDS Walk Team Leader for ASP

On Sunday afternoon, October 20, 1996, members and friends of the AIDS Survival Project team will once again join with thousands of caring people and hundreds of corporate and community teams in a special event to raise money for the fight against AIDS — the sixth annual AIDS Walk Atlanta. The 10 kilometer (6.2 mile) fundraising walkathon benefits our own AIDS Survival Project, as well as ten other very valuable AIDS Service Organizations in the Atlanta area. The AIDS Walk begins with registration at 1:00 p.m. in Piedmont Park, Midtown Atlanta.

Community leaders, elected officials and celebrities will be in attendance to cheer on walkers, offer refreshments, and walk alongside the many thousands of people expected to participate in this year's event. Last year, thousands upon thousands of people, including walkers from over 700 corporate and community-group teams, participated in the AIDS Walk.

Funds are raised by individual walkers who seek sponsorships from family members, friends, co-workers and neighbors for each kilometer they will be walking. Many participants collected several thousand dollars each. Any amount raised is greatly appreciated and urgently needed.

Proceeds from the AIDS Walk will be utilized by the benefiting organizations to provide a wide array of services for thousands of men, women and children with HIV and AIDS and to fund the AIDS prevention and advocacy programs. In addition to the AIDS Survival Project, the benefiting organizations are: AID Atlanta, AID Gwinnett, AIDS Research Consortium of Atlanta, AIDS Treatment Initiatives, Atlanta Interfaith AIDS Network, Childkind, Jerusalem House, Outreach, Inc., Positive Impact, and Project Open Hand.

Last year we received over $16,000. This year we hope to double that amount! To register, please call the AIDS Walk Atlanta office at (404) 876-9255 and let them know that you want to join the AIDS Survival Project team. Make sure to give them our team number: 0004.

If you can't walk with us, please help us by trying to raise donations (which are tax-deductible) or by making a donation yourself. Please have all checks made out to AIDS Walk Atlanta, or AWA, and send them to:

AIDS Walk Atlanta
P.O. Box 78212
Atlanta, GA 30357-6425

Thanks to ACT UP/Atlanta

We'd like to give special thanks to our local chapter of ACT UP for giving the Treatment Resource Center a complete written set of abstracts from the 11th International Conference on AIDS. These abstracts are a great addition to our library, and are now available in the Resource Center for use as reference materials only.

Don't Miss Martin Delaney!

The next forum will be an AIDS Treatment Update Forum that has been graciously funded by Patient's Pharmacy. The featured guest speaker will be Martin Delaney, founder of Project Inform. It will be held on Thursday, October 24, 1996, from 6:30 to 9:00 p.m. at the Terrace Garden Hotel in Buckhead, 3405 Lenox Road NE. Refreshments will be served. Martin Delaney is always informative and enlightening, so mark your calendars!

Treatment Scan

Eric D. White

Alert to Hemophiliacs on Protease Inhibitors

According to a Food and Drug Administration (FDA) alert, there have been cases of serious bleeding under the skin, in the muscles and joints, observed in hemophiliacs taking protease inhibitors. The 15 cases that have been reported have all been in Europe.

Eleven cases were noticed by a national drug monitoring system in France. The bleeding usually starts within the first month of therapy. Some patients had to be given increased doses of Factor VIII. No cases have been fatal. The FDA recommendation for patients with hemophilia who have started therapy with a protease inhibitor is not to stop. For those who have not started, they should not be hesitant to start therapy, but they should be more closely monitored, says the FDA.

Notice of Class Action Lawsuit for Hemophiliacs

This is an **IMPORTANT LEGAL NOTICE** to all persons with hemophilia who used blood clotting factor concentrates processed or distributed from 1978 through 1985. and who are (or were) infected with HIV and their estates. A proposed settlement in a class action lawsuit involving blood clotting factor concentrates is now pending in federal court in Chicago, Illinois and may affect your rights.

If you or your family member is a person with hemophilia who used Factor VIII or factor IX (Factor Concentrates) processed or distributed by any of the defendants you may be eligible to receive $100,000 as a result of the proposed settlement. This settlement may be available to you if you or your family member have a lawsuit pending in federal or state court, or even if you have not filed a lawsuit. You must file your lawsuit or have it postmarked by October 15, 1996.

You or your family member must have received products from at least one of these companies: Alpha Therapuetic Corporation, Green Cross of America Corporation and The Green Cross of America Corporation (collectively, "Alpha"), Armour Pharmaceutical Company, Rhone-Poulenc Rorer Inc. (collectively, "Armour"), Baxter Healthcare Corporation and Baxter International Inc. (collectively, "Baxter"; which also refers to Travenol Laboratories, Inc., and Hyland Therapeutics, a division of Baxter Healthcare Corporation), and Bayer Corporation And Bayer A.G. (collectively, "Bayer"; which also refers to Cutter Laboratories, a division of Miles Laboratories, Inc., and Miles, Inc.

This is just part of a package of information that hit my desk on September 16. To get more info, please call Eric at **(404) 874-7926**.

NAPWA Extends CMV Hotline

The National Association of People with AIDS (NAPWA) has announced that its confidential toll-free information hotline on HIV-related cytomegalovirus (CMV) is being extended through the end of 1996. The program was launched as an education and prevention program to provide information about HIV-related CMV disease for health care providers and people living with HIV. In the past six months it has had over 1,000 calls, showing the need for this information.

The hotline, which provides information in English and Spanish, is staffed from 9:00 a.m. to 9:00 p.m. EST, Monday through Friday. At other times, callers can leave a message with their name, address and telephone number, and they will be contacted by the hotline staff. A pre-recorded message about CMV prevention and treatment is available 24 hours a day.

NAPWA's trained staff provides information to hotline callers on a wide variety of topics related to CMV disease, ranging from transmission of the disease to prophylaxis and treatment options. Callers can also receive referrals to other toll-free services for additional information and assistance. This program is being supported by a grant from Roche Laboratories. The number is **(800) 838-9990**.

Cidofovir Reaches Drugstores

After the FDA gave approval for cidofovir (Vistide) for the treatment of CMV in June of this year to Gilead Science, they started rushing shipments of the drug to stores across the nation. The cost is $589.00 per vial, which is enough for a two-week course of maintenance therapy. The price per vial is high, but Gilead's marketing department calculates that the total for yearly therapy is $16,000. This is less than for competing intravenous CMV treatments, when one includes the expense of drugs used to manage the other drugs' toxicity.

The cost of administering cidofovir is much less than for the older drugs because there is no daily administration or any need for a permanent indwelling catheter. The cost of cidofovir turns out to be very similar to the current cost of oral ganciclovir. Still, the cost of all of CMV treatments are unbearably high for people living with AIDS. Gilead does have a financial assistance program to help patients pay for cidofovir. Call **(800) 445-3235** for more information.

Bristol-Myers Squibb Announces New ddI Formula

Are you tired of that old, hard-to-chew, chalky tasting, takes-forever-to-dissolve-in-water medicine that the doctor put you on called ddI? Well, here is some good news for you. Bristol-Myers Squibb has come out with a new formula of ddI. It's designed to enhance patient convenience and palatability by being 35% smaller and softer, having a new mandarin orange flavor and can be dissolved in two ounces of water and ready to drink in two minutes.

The drug will still be available in its same doses: 25 mg., 50 mg., 100 mg. or 150 mg. strengths. The new formula has a new buffer with the same antacid found in Rolaids. The tablets are taken the same way the old tablets were, twice a day on an empty stomach. If you are currently taking ddI and would like to try the new formula, I have a supply of the placebo tablets as well as fact sheets on the new product. If you are interested in trying them, call Eric at **(404) 874-7926**.

Chronicles

compiled by Dan Dunable

(Source: CDC National AIDS Clearinghouse)

Report Card on Clinton's '92 Campaign Promises Published. President Clinton kept several of his 1992 AIDS-related campaign promises, according to the August 19 issue of the *American Health Line*, which features an *Arkansas Democrat-Gazette* report on the president's fulfilled and unfilled promises. Included in the promises Clinton kept were: the appointment of a federal AIDS policy coordinator; increased funding for AIDS research, prevention and treatment; more rapid approval of new AIDS drugs; support of local in-school condom distribution; funding for the Ryan White Care Act; and improved access to experimental treatments. According to the report, unfulfilled promises Clinton made include his pledge to lift the ban on U.S. travel or immigration for people with HIV.

Patents: Mixers for 'Cocktails' Used to Delay AIDS. Emory University in Atlanta was recently granted a patent for 3TC—an anti-HIV drug which, like AZT, was designed to prevent HIV from infecting human cells. Other drugs used in combination with 3TC, called protease inhibitors, attack the virus after it has entered the cell. Emory is also experimenting with 3TC as a treatment for hepatitis B. In its first year, 3TC is expected to earn $300 million in sales, and has the potential to eventually earn $1 billion a year.

Welfare Bill: Legislating Morality? The provision of $250 million for abstinence education included in the welfare reform bill concerns social workers and administrators because it suggests that Congress can legislate morality and sexual behavior. Gloria Feldt, president of Planned Parenthood, said an abstinence-only education program would be ineffective because it would not allow options for those who do choose to be sexually active. The bill calls for teaching the benefits of abstinence and for instructing young people how to reject sexual advances. It virtually prohibits teaching family planning and contraception, Feldt noted.

Life Expectancy Shortened in Uganda. AIDS has caused the life expectancy in Uganda to decrease from 45 years in 1993 to 37 years now, Popcare's Sam Ruteikara reports. The increase in HIV infections, he said, caused the average age at death to be 27 for women and 30 for men. In his report, entitled "AIDS: A Challenge to Church Ministry and National Development," Ruteikara said that the low average dying age, combined with the high number of infants being born with HIV, resulted in the life expectancy being 37. The total number of Ugandans infected with HIV is estimated at 2 million, representing 10 percent of the population.

Serostatus and Counseling. Just as gay psychotherapists have used self-disclosure as a tool to help clients feel understood, the disclosure of serostatus by social service providers could be beneficial. By serving as role models, counselors can help uninfected gay men to stay uninfected and help men with AIDS take care of themselves, while aiding both infected and affected men as they try to maintain a sense of hope and intimacy. Role modeling has been useful for many HIV-negative gay men, who often feel abandoned by their communities and social services, which focus on the needs of the HIV-positive community. As they serve as caregivers, outsiders and mourners, HIV-negative gay men are often unable to express their fears of becoming infected, or to discuss their loneliness or burnout. Many even let other people assume they are infected. As a result, mental health and social service providers have begun developing services especially for uninfected men, including support groups.

Recalculating Death-Benefit Math. With the advent of promising new drugs that could extend the lives of AIDS patients, companies that buy these individuals' life insurance policies and collect their death benefits are looking to other terminally ill patients. One such company, Dignity Partners, has stopped taking new applications from AIDS patients altogether. Other firms say they are reducing their dependence on AIDS patients and trying to attract people with other terminal illnesses. AIDS patients will still be able to sell their policies, say company executives, but they may not receive as high a price as they would have a year ago.

One Third of Inner-City Women at Risk for HIV; Syphilis Linked to Acquiring HIV. Two new studies published in the *American Journal of Public Health* suggest that more HIV prevention programs are needed for women living in inner cities. According to one study, about one third of women in this population are at high risk for HIV because of the risk behavior of their sexual partners. Kathleen J. Sikkema, of the Medical College of Wisconsin, and colleagues also reported that the majority of women had good overall knowledge of HIV risk but poor knowledge related to proper condom and lubricant use. A related study found that diagnosis of syphilis among women who use drugs reflects high-risk sexual activity and is associated with HIV infection.

Editorial: Time to End the Death Trials. The Food and Drug Administration's standards for clinical trials to test new antiretroviral drugs should be changed in light of the greater credibility of viral load tests, argues John S. James, editor of *AIDS Treatment News*, in an editorial. James says that the clinical trial system does not give physicians useful data for treating their patients. Currently, drugs can be approved under "accelerated approval" based on easily observed evidence of disease status, provided the drug company agrees to complete larger and longer trials which assess a drug's efficacy based on "clinical endpoints" such as death or disease progression. This standard requires unnecessary financial cost and a high number of deaths to prove that a treatment—which is already being used widely—is effective, James contends. He also points out the ethical conflicts inherent in the system, in which trials are designed with the assumption that one drug will probably work better than another. James suggests that several smaller trials would be more useful to doctors, by providing information, for example, about the drug's endurance, how combinations affect effectiveness, and the safety of the drug forpeople with medical complications, children or other populations.

AIDS Ride Fund-Raisers Shift Into High Gear in Third Year. Dan Pallotta, the creator and producer of the American AIDS Rides, says the five bicycle rides this year will raise $23 million. The rides, which will involve 11,000 riders and thousands of volunteers, will benefit 28 AIDS organizations across the country. Moreover, the riders bond on the challenging courses and share the commitment to helping AIDS

continued on following page

HIV+ Advisor

Tom Sparkman, D.D.S.

Kitchen Hygiene

Here we go again, only this time something a little more practical. I'm going to take you on a hypothetical trip to the grocery store with Jeff (the name has been changed). See if you can spot where Jeff messes up.

Jeff goes to Kroger at Ansley Mall. He has planned a very healthy meal—a salad, chicken in a marinade sauce and a fresh vegetable medley. He picks up all of the salad fixings, vegetables, and a dozen eggs, and then heads to the chicken area. Wow! $1.00 off coupon on the chicken! He grabs it, even though it's all sticky on the outside, and throws it into the cart. He then checks out, not forgetting to use his Aids Survival Project Cash Commitment Card. On the way home he stops by the cleaners, the bank, and tans, while leaving the groceries in the car. Finally, two hours later, Jeff arrives home very hungry.

He puts the eggs into the egg slots on the door of the fridge (just like mother taught him) and then places his chicken onto the wooden cutting board (the one his grandmother gave him 15 years ago). After cutting up the chicken, he dips it into the marinade sauce and puts it into the oven. Jeff notices his hands feel sticky, so he rinses them and the cutting board off, and then dries them off with his favorite hand towel (the one from Aunt Sue that has the dotted cows on it). The salad is then prepared on the cutting board (after rinsing the fixings off) and placed into the bowl, looks great, but something is missing—a boiled egg! So he quickly places it onto the stove to boil as he prepares the veggies. Jeff then throws them into a pot of boiling water and peels the boiled egg. As he cuts the egg in half he notices that the yolk is runny, but is too hungry to wait, so he eats it with the salad anyway.

Now it's time for the main course. Jeff dips the chicken back into the uncooked marinade sauce (for some extra taste) and eats the rest of his meal. He then puts away the leftovers, cleans the kitchen, wipes all the dishes dry with his favorite hand towel, and heads off to bed. Jeff wakes up several hours later with severe abdominal cramping. What went wrong?

1) Jeff didn't wash his hands thoroughly before or during food preparation. Use warm water with a disinfectant soap frequently, and dry with paper towels, not a hand towel, as these tend to become dirty very quickly. His dishes were contaminated while drying with his hand towel and will be sitting at room temperature until his next meal.

2) The chicken was almost out-of-date, that's why the coupon was there! Check expiration dates on everything. If in doubt, don't buy it.

3) Keep meat and poultry separate from other foods in the cart to prevent contamination. If necessary, have the butcher rewrap it.

4) Jeff waited two hours to put the groceries away. Cold food needs to stay cold to prevent bacteria from multiplying. The eggs on the door go with this; keep eggs in the carton, not on the door where it is usually warmer.

5) Don't use a wooden cutting board, even if your grandmother did give it to you. Glass or plastic is easier to clean using one teaspoon of bleach to one gallon of water. Jeff's salad was contaminated with raw poultry.

6) Jeff ate an uncooked egg yolk. Big no-no! In order to prevent salmonella, eggs should be cooked well. When in restaurants, don't be shy about asking if foods are made using raw eggs, such as Caesar salad dressing and Hollandaise sauce (and then don't eat them).

7) If Jeff had used a meat thermometer he would have been assured that his chicken was cooked properly. Meat should be cooked to 140° F, poultry to 165° F, and pork to 150° F.

8) When Jeff poured that uncooked marinade over the chicken he basically ate "Salmonella" a la Chicken. Never do this, and don't put cooked food back onto any original preparation containers.

9) Jeff's leftovers, if not eaten immediately, should be kept hot or placed into the fridge ASAP. Also, when eating leftovers the rule should be: If in doubt, throw it out!

You probably spotted a few more items that could have been done better and that's the purpose of this article—to think about what you're doing in the kitchen. Clean, clean, clean, and then clean again: that's the best way to prevent food-borne bacteria! See you next issue, and hopefully in a clean kitchen!

Chronicles, *continued from page 9*

patients. Pallotta has helped raise $27.8 million since the first ride in 1994.

Breast Is Best, But What if the Mother Is HIV+? A new, controversial study by South African researchers suggests that HIV-positive women who breastfeed may be more likely to transmit the virus to their children than was previously thought. Breastfeeding is generally thought to be important to good infant health in poor countries, where children fed formula are more likely to die of respiratory or diarrheal diseases. The United Nations Children's Fund and the World Health Organization have recommended that, in poor countries—where formula is expensive and difficult to prepare properly—even HIV-positive mother breastfeed their babies. The new findings, by Glenda Gray and colleagues at the Baragwanath Hospital in Johannesburg, may change the current policy, however. According to their report, HIV-positive mothers who breastfeed increase the risk of transmitting HIV to their children by 28 percent. Earlier studies had suggested the risk was 14 percent. In light of the new report, the United Nations AIDS Program said mothers will be advised of the risks and encouraged to decide themselves whether or not to breastfeed.

When Savings Run Out, Some Shun Lifesaving. A new study suggests that seriously ill patients are more likely to forgo life-prolonging care if they are also suffering economic hardship. Kenneth E. Covinsky, of Case Western Reserve University, and colleagues report that the likelihood of such patients deciding to seek comfort care rather than continued treatment was 30 percent greater for those whose illnesses had created serious financial hardship. Doctors say the results suggest that patients are not denying themselves care because they think it is futile but because they do not want to bankrupt their survivors or cause them to make major life changes, like putting off education. The study also found that family members or friends generally said they would have made the same decision as the patient.

Patient Assistance Programs

Are you or someone you know having problems paying for your medications? Here is a list of some patient assistance programs that may help you out. These programs can help with reimbursement problems, and often can supply free drugs if a person qualifies. Call the individual programs for more information. This information was compiled from resources at Project Inform and The AIDS Treatment Data Network.

Drug	Indication	Access	Contact Info
ABLC (Amphotericin-B Lipid Complex)	Life threatening fungal infections	Compassionate use	1-800-335-5476
Acyclovir (Zovirax)	Herpes Simplex Herpes Zoster	Patient Assistance	1-800-722-9294
Albendazole	Microsporidiosis	Compassionate use (MD's only)	1-610-917-6454
Alpha Interferon (Intron A)	KS & anogenital neoplasm	Patient Assistance	1-800-521-7157
Azithromycin (Zithromax)	MAI, Toxo, Crypto	Patient Assistance	1-800-742-3029 1-800-869-9979
Atovaquone (Mepron)	Toxo & PCP Treatment	Patient Assistance	1-800-722-9294
Cidofovir (Vistide)	CMV	Patient Assistance	1-800-445-3235
Ciprofloxacin (Cipro)	MAC, Bacterial Infection	Patient Assistance	1-800-468-0894 ext. 5170
Clarithromycin (Biaxin)	MAI	MD's Only Patient Assistance	1-800-688-9118
Clindamycin (Cleocin)	PCP, Toxo	Patient Assistance	1-800-242-7014
Clofazimine (Lamprene)	MAC	Patient Assistance	1-800-257-3273
Didanosine (ddI)	HIV infection	Patient Assistance	1-800-272-4878
Dronabinol (Marinol)	Weight Loss	Patient Assistance	1-800-274-8651
Erythropoietin (Procrit)	AZT & HIV induced anemia	Patient Assistance	1-800-553-3851
Ethambutol (Myambutol)	MAC, Tb	Patient Assistance	1-800-568-9938
Fluconazole (Diflucan)	Fungal Infections	Patient Assistance	1-800-869-9979 1-800-438-1985
Foscarnet (Foscavir)	CMV, acyclovir resistant herpes	MD's Only	1-800-488-3247
Ganciclovir (Cytovene)	CMV	Patient Assistance	1-800-444-4200 1-800-285-4484
Ganciclovir Implants	CMV retinitis	Patient Assistance	1-800-244-7668
Ganciclovir oral	CMV retinitis	Patient Assistance	1-800-569-4630
G-CSF & EPO (Epogen)	Neutropenia	General Information Patient Assistance	1-800-282-6436 1-800-272-9376
GM-CSF figrastim (Neupogen)	Neutropenia	MD's Only	1-800-272-9376
GM-CSF sargramostin (Leukine)	Neutropenia	Patient Assistance	1-800-334-6273
Indinavir (Crixivan)	HIV infection	Patient Assistance	1-800-544-2987

continued on following page

Drug	Indication	Access	Contact Info
Isoniazid (Nydrazid)	Tb	MD's Only	1-212-546-5709
Itraconazole (Sporonox)	Histoplasmosis	MD's Only Patient Assistance	1-800-544-2987
Ketoconazole	Fungal infections	Patient Assistance	1-800-544-2987
Lamivudine (3TC, Epivir)	HIV infection	Patient Assistance	1-800-722-9294
Liposomal doxorubicin (Doxil)	KS	Patient Assistance	1-800-375-1658
Liposomal gentamycin (TLC G-65)	MAC	Case by Case basis if failing on other meds	1-609-951-4337
Megestrol Acetate (Megace)	Weight loss	Patient Assistance	1-800-233-0432
Nystatin	Oral Candida	Patient Assistance	1-800-544-2987
Oxandrolone (Oxandrin)	Weight loss		1-800-741-2698
Pentamidine (aerosol)	PCP Prophylaxis	Patient Assistance	1-800-888-7704 ext. 8604
Pyrimethamine (Daraprim)	Toxoplasmosis	Patient Assistance	1-800-722-9294
Rifabutin (Mycobutin)	MAI Prophylaxis	Md's Only	1-800-366-5570
Rifampin	Tb, MAC	Patient Assistance	1-800-257-3273
Ritonavir (Norvir)	HIV infection	Patient Assistance	1-800-659-9050
Sandostatin (octreotide)	Cryptosporidium and HIV related diarrhea	Patient Assistance	1-800-447-6673
Saquinavir (Invirase)	HIV infection	Patient Assistance	1-800-282-7780
Sparfloxacin	MAI, Tb	CT (pending FDA approval)	1-800-521-3084 ext. 7297
Stavudine (d4T)	HIV infection	Patient Assistance	1-800-272-4878
Streptomycin	Tb	Patient Assistance	1-800-254-4445
Sulfadiazine	Toxo	CDC	1-404-488-4928
Testosterone (Testoderm patch)	Hypogonadism	Patient Assistance	1-800-321-3130
TMP/SMX (Bactrim)	PCP Prophylaxis, acute PCP	Patient Assistance	1-800-526-6367
TMP/SMX (Septra)	PCP Prophylaxis, acute PCP	Patient Assistance	1-800-722-9294
Trimetrexate (Neutrixin)	PCP	Patient Assistance	1-800-887-2467
WihRho SD	ITP	Patient Assistance	1-800-789-2099
Zalcitabine (ddC)	HIV infection	MD's	1-800-285-4484
Zidovudine (AZT)	HIV infection	Patient Assistance	1-800-722-9294

Nevirapine Goes on Sale

As expected, nevirapine (Viramune) has hit the drugstore shelves. The newly approved non-nucleoside reverse transcriptase inhibitor (NNRTI) has a wholesale price of $2,511.00 per year. Nevirapine must be used in combination with other potent agents because HIV easily mutates to resist the nevirapine's effect when used in monotherapy. In combination with AZT/ddI, nevirapine can have a sustained potent effect on viral load. Follow-up virologic data was presented at Vancouver on the use of AZT/ddI/nevirapine in 151 treatment-naive patients. The three-drug combination produced a sustained reduction in viral load, averaging over 99 percent (two logs) at one year. By comparison, AZT/ddI effected a sustained 90 percent (one log) reduction. Viral load was undetectable (below 200 copies per ml.) in more than 50 percent of those on the three drug combination, compared to just 20 percent on AZT/ddI. Two-thirds of those undetectable on the three-drug combination were also as measured by Roche's ultrasensitive assay (which goes down to 20 copies per ml.). The company has set up a patient assistance program; for more information call **(800) 274-8651**.

AIDS Treatment Initiatives

828 West Peachtree Street, N. W., Suite 210
Atlanta, Georgia 30308

AIDS Treatment Initiatives is moving!

In July, I updated you on the financial status of the agency. I assured you we were doing all we could to investigate and implement cost-saving measures. We have cut deep into our budget and developed a plan that will save ATI almost $9,000 annually in rent, utilities, security, etc. The largest savings is due to our office moving and sharing space with AIDS Survival Project. The Board and Staff of AIDS Survival Project has graciously offered to lease to us our own office space in their building at a very low monthly rate.

Effective September 15, 1996, our new address will be:
828 West Peachtree Street, N. W.
Suite 210
Atlanta, GA 30308
Our phone, 404-874-4845, and fax, 404-874-9320, will remain the same.

We will continue to do what we can to not only save money, but also to raise money so we can reopen our compassionate care fund and continue to sell our products as close to cost as possible.

Speaking of raising money, on Sunday afternoon, October 20, 1996, members of the AIDS Treatment Initiatives team will once again join with thousands of caring people and hundreds of corporate and community teams in the sixth annual AIDS Walk Atlanta. If you have not already signed up to walk for AIDS Survival Project, please consider walking with the AIDS Treatment Initiatives Team. Just write "Team #0005" on your registration card or call the office and we will send you a registration card.

Finally, if you're interested in seeing ATI carry any certain product or treatment that we do not now carry, let us know. It is difficult to keep abreast of all that is going on in the world of alternative treatments and we appreciate your input, so if you hear of something interesting that you would like ATI to carry, please drop us a line or call to let us know about it. We want to work as closely with our members as possible.

Sincerely,
Jamey T. Rousey
Jamey T. Rousey
Executive Director

Acidophilus	$5.00	Garlic	$8.00	S. Boulardii	$9.00
Albendazole	$8.00	Hypericin	$60.00	Selenium	$8.00
Amphotericin B lozenges	$28.00	Jarrow Pak+	$25.00	Siberian Ginseng	$6.00
B12 Nasal Gel	$9.00	Ketotifen	$30.00	SPV-30	$40.00
Beta Carotene	$6.00	Lipoic Acid	$42.00	Sunflower Oil	$9.00
Bitter Melon	$22.00	L-Carnitine	$14.00	Thymucin	$5.00
Bovine Colostrum	$20.00	Leucotrofina	$40.00	Vitamin C buffered/powdered	$10.00
Chromium Picolinate	$5.00	Melatonin	$18.00	Vitamin C caps	$16.00
Clinical Nutrients	$17.00	Milk Thistle	$9.00	Viroterm	$55.00
Co-Q-10	$26.00	NAC 100caps	$12.00	Vitamin E	$7.00
Creatin Monohydrate	$35.00	NAC 200caps	$23.00		
Curcumin	$14.00	NAC effervescent	$11.00	Some products carry special requirements such as a doctor's prescription, etc. Prices and availability subject to change. Please call (404) 874-4845 for ordering information.	
Derma Heal	$8.00	PCM-4	$70.00		
DHEA	$60.00	Peptide-T	$73.00		
Ester C	$13.00	Resist!	$36.00		
Flaxseed Oil	$11.00	Resist! 2	$23.00		

(404) 874-4845 • FAX (404) 874-9320
http://www.mindspring.com/~atiaids/ATIHomePage.html

Positive Attitude

David Stanley

My August visit to the AIDS clinic at NIH in Bethesda marked ten years since I first started going up there. It may well have been my last visit.

The first indication of changes there that I didn't like happened about the first of 1995. That's when they ordered me off AZT. I had been stable with the combination of AZT and alpha Interferon since 1987, but they looked at a slight decline in both my T4 count and percentage and the statistics on the durability of AZT in other patients, and decided that it couldn't possibly still be helping me after eight years. I wasn't given any say in their decision.

I decided, with my private doctor here in Atlanta, to then start d4T. In the five months that I was on d4T, both my T4 count and percentage dropped like a stone. At the first of June 1995, I switched back to AZT, this time combined with 3TC, and my counts and percentage returned to their former level.

The physicians at NIH (actually NIAID) obviously allowed them to overlook my personal history, and relied, instead, strictly on statistics. It didn't matter that I continued to do well on AZT. This is not a show of competency on the part of NIAID's physicians. At the time of their decision to take me off AZT, it was also the start of service there of a certain floor physician.

In the time I've been familiar with this doctor, he has never impressed me. First is his attitude of "Physician as God." He talks down to his patients, and doesn't seem to consider that some of his patients are intelligent and well informed. He is disorganized and can't keep to a schedule. Also, later in 1995, he decided that Interferon was the cause of my slight cardio/myopathy, and that I should go off that drug. He didn't consider that I'm one of the few patients who receives an anti-retroviral effect from Interferon. I made that argument to the resident physician and won, allowing me to continue the Interferon. I can't help but to think that if I ever had to follow the advice of that floor, I would surely die.

Besides lousy medical advice at the AIDS Clinic, patient care and comfort has taken a back seat in their priorities. They decided, in order to save a few bucks, to force traveling patients to use Dulles Airport, instead of the much closer National Airport. My first attempt at using Dulles was a nightmare! There are fewer flights from which to choose to Atlanta, and those few flights fill up much faster. I ended up having to fly a commuter flight to Pittsburgh and running at full speed to another terminal there to make a flight to Atlanta. Because my main problem is chronic fatigue, it took me two weeks to recover. I threatened to quit going up then, but we worked out a compromise, which was only to cut back my visits to twice a year, instead of four times a year. They just couldn't bring themselves to consider my fatigue and make my trip easier on me.

On this last visit, I had my worst experience with them yet. I was sent down for a chest x-ray, but there was no order for me there, and I had to go back later. I waited for an allotted 1-1/2 hour for a visit with the floor physician, but he screwed up his schedule, and I had to leave for another appointment. He sent word that, even though no physician there had examined me in six months, there was no need to see me, so I didn't even see a physician on this trip. I had previously e-mailed some medical questions I wanted answered, but they gave someone I didn't know some inadequate written answers, and when I asked for clarification, this person had no idea how to clarify anything, so I didn't get any answers to my questions. They had been supplying me with 400 mg. tablets of ibuprophen to combat my chronic muscles aches from the muscle myopathy. To go a complete day without bad muscle aches, I need to take three per day. They agreed with that dosage, but when I went to the pharmacy to pick up my six-month supply, I discovered that the floor physician only ordered me 250 tablets! You do the math. The man cannot even do simple math!

Then I was sent down to pick up my supplies of syringes to inject the Interferon. When I got there, there was no order for me. I called my case manager and she said that she forgot, but she would put the order in the computer immediately. After ten minutes, there was still no order, and my shuttle to Dulles was about to leave, so I had to leave without my supplies. They had to mail me the supplies.

I'm beginning to believe that the only difference between the NIAID AIDS Clinic and some remote Romanian clinic, is that NIAID uses sterile needles. If they are going to be giving me lousy medical advice and can't organize a simple patient visit, what good are they?

Let me temper this with the fact that I'm alive now because of this clinic. Yes, they saved my life, but that was when they had competent physicians and were compassionate for their patients. Those days, in my view, are over.

Also, let me temper this with the fact that I can report only my experiences. I have little idea how their other patients are treated. I have spoken with another patient from Atlanta, this one in their IL2 protocol, and while he agrees with much of my assessment, his immune system has improved so much with their help, that he would rather not complain.

Maybe the organizational problem is that they have started too many protocols, without staffing up to handle so much. Still, would you trust a clinic that is so overworked that they can't keep track of what they are doing? I suggest that they should put a hold on new protocols until they can staff up to competently handle the workload. Good research on fewer protocols is much better than lousy research on many more protocols. They should also bring in competent floor physicians.

After sending them my list of complaints a couple weeks ago, I've only gotten word that I won't have to see my floor physician again. Nothing else has been addressed to me. I have yet to burn any bridges, but if I'm not assured that improvements are made, and they return to compassionate care of their patients, I'm not going back. I have no faith any longer that they can give me competent medical advice, and I refuse to be treated like a piece of crap. I honestly believe that if changes are not made, they will someday seriously harm one or more of their patients, if they already haven't already done so. It is very sad to me that this most important AIDS research facility has sunk so low. My life is more important to me than their lousy research.

You can now visit David Stanley's Positive Attitude home page on the World Wide Web! His address is: http://www.america.net/~dstanley

Let Me Say This About That

This Month's Topic: Practicing Safer Sex

Let Me Say This About That *is very much like the story from India, "The Six Blind Men and the Elephant." Surrounding the elephant, each blind man reached out and felt what was in front of him, and proclaimed that he could best describe the animal. Feeling the trunk one said, "it is round, like a snake," one felt the tusk and said, "it is sharp, like a spear," and one felt the tail and said, "it is thin, like a rope." Observing all of this, the Rajah reminded them, "You must put all the parts together to find the truth." Here, members of the Peer Counseling Steering Committee share their opinions on issues surrounding risk behavior and HIV education and prevention. If there's a topic you would like to see debated, please contact Lesley at the ASP office with your suggestions.*

Identifying Risk Factors Can Help Prevent Seroconversion...

by Dan Dunable

Obviously, we as educators cannot force everyone who is sexually active to practice safer sex. And it's especially frightening when those of us that are trained to counsel others aren't complying ourselves. But if we are to stop the spread of HIV through sexual transmission, then we must learn to practice safer sex consistently—with everyone, every time.

The guidelines as to what is "safer sex" have changed as we've learned more about the virus. The levels of risk differ greatly from one sexual activity to another. The acts listed below under the category **High Risk** are known to provide the right conditions for transmission of the virus. The **Low Risk** acts are ones that theoretically pose a risk, and have had a few reports of infection attributed to them. Usually, anecdotally or through individual case studies. The **Theoretical Risk Only** category lists acts which have no proven reports of infection. And the **No Risk** category lists acts which don't even present a theoretical risk.

The acts listed under **High Risk** are the ones which we need to pay special concern to. These are the acts which constitute the majority of infections. These are the behaviors which we must change.

Summary of Sexual Activities Assessed for HIV Transmission Risk Factors (Source: The Canadian AIDS Society)

HIGH RISK

Penile-Vaginal Intercourse without condom
Penile-Anal Intercourse without condom
Receptive use of shared, non-disinfected sexual devices

LOW RISK

Receptive Oral Sex (Fellatio) without condom, with ejaculation
Insertive Oral Sex (Cunnilingus) without barrier
Penile-Vaginal Intercourse with condom
Penile-Anal Intercourse with condom

THEORETICAL RISK ONLY

Wet Kissing
Insertive Oral Sex (Fellatio) with or without condom
Receptive Oral Sex (Fellatio) with or without condom, no ejaculation
Insertive Oral Sex (Cunnilingus) with barrier
Receptive Oral Sex (Cunnilingus) with or without barrier
Insertive Oral Sex (Analingus) with or without barrier
Receptive Oral Sex (Analingus) with or without barrier
Digital-Anal and Digital-Vaginal Intercourse
Manual-Anal and Manual-Vaginal (Fisting) Intercourse
Masturbating one another
Receptive use of shared, disinfected sexual devices

NO RISK

Dry Kissing
Solo Masturbation
Body-to-body Rubbing
Massage
Body Licking
Caressing

...But Does Knowing the Risks Mean We'll "Play Safe"?

by John Blevins

Recently a friend and former house mate of mine called me with the news: he is HIV+. My friend, J.W., works in a major metro area as a case manager to gay men with HIV/AIDS. He knows the face of HIV, he knows how it is spread, he knows how to negotiate safer sex. And J.W. seroconverted. Eight months ago, J.W. talked with a group of friends about how a sex partner had come inside of him without a condom; later he found out the guy was HIV+. That time, J.W. was lucky. He did not seroconvert. But in May, he wasn't so lucky. J.W. entered into the hospital with a severe case of what seemed to be the flu. He tested negative, but an astute and caring doctor whom J.W. trusted ran a PCR test to look directly for the virus. And he found it. J.W.'s bout with the "flu" was conversion sickness.

J.W. had sex in ways that were unsafe. He knew better in his head. He is an intelligent, motivated, informed, passionate advocate for people with HIV/AIDS. He has sat with nameless persons whose stories eerily echoed the one he now tells. How does this happen? Fourteen or more years into all this mess, how does it still happen? What made J.W. act in ways he knew objectively were dangerous? What makes others act that way? What makes me? How do we change that? Hell, how do we even go about talking about it?

When I talked to J.W. he told me he was relieved in a way. Relieved to know. Relieved to be able to give up the mundane walk of safer sex. Relieved to really feel a part of the "HIV care-giving community." Where did J.W. get those messages? What other messages did not get through? How do we give ourselves the impetus to keep taking care of ourselves?

I realize this column raises bunches of questions and provides no answers. Right now, I don't know the answers. But, by God, I need to ask the questions—for J.W., for myself, for far too many who act in ways that fly in the face of remaining HIV-.

HOPE CHEST Scheduled for Nov. 23

HOPE CHEST '96, the second annual auction to benefit AIDS Survival Project, is scheduled for Saturday November 23 at the King Plow Arts Center. Antiques, collectibles and memorabilia will be for sale. There will be a live auction, a silent auction and an open market, with items for every budget. The public is invited—no reservations are required.

This unique AIDS fundraiser focuses on the talents, generosity and commitment of the Atlanta area antique retailers and dealers. The event is being co-chaired by Brandon Abernathy, owner of A Cherub's Attic; Stephen Gura, a Board Member of AIDS Survival Project; and Arthur Laffenberger, a local expert on antiques. Other dealers are serving on the organizing committees. U.S. Congresswoman, Cynthia McKinney, and U.S. Congressman, John Lewis, are serving as honorary co-chairs.

Various levels of sponsorships are available. Gifts can be objects for the auction or cash, and all gifts of $100 or more will be appropriately recognized in the auction catalog. For info, or to make a gift, call Brandon Abernathy at (404) 634-9577 or Marcus Fleischhacker at (404) 874-7926.

From the AIDS Legal Project

Recent Changes to the Adult Medically Needy Program

by Sylvia B. Caley

The Adult Medically Needy Program (AMN) is a Medicaid program operated by the Division of Family and Children Services (DFCS). The purpose of this program is to allow aged, blind or disabled persons whose incomes are too high for other Medicaid categories of eligibility to become eligible by deducting medical expenses from income. If countable income after deductions for incurred medical expenses falls below the Medically Needy Income Limit (MNIL) of $317 per month for an individual or $375 for a married couple, AMN eligibility is achieved.

Applicants must meet all other eligibility requirements, including the SSI resource requirements as there is no spenddown for resources. For example, Joe's monthly countable income is $500; however, he has $184 in unpaid medical expenses. When these unpaid bills are deducted from his income, Joe becomes income eligible to receive at least one month of Medicaid coverage.

DFCS has instituted several changes in the AMN program which became effective July 1996. These changes pertain to how eligibility is calculated. Under the **old** rules, eligibility for AMN was calculated over a three-month period. An applicant's countable income under SSI rules was estimated for the three-month period and three times the MNIL was subtracted from the estimated income figure to determine how much the applicant would have to spend on medical expenses before becoming eligible for Medicaid. The difference between a person's countable income and the MNIL is called the spenddown amount. Once incurred medical bills equaled the spenddown amount, an applicant was eligible for Medicaid to pay Medicaid covered medical bills incurred after the spenddown amount was reached.

Also, under the **old** rules, the AMN program applied to the three months prior to the month of eligibility. When Medicaid eligibility was determined and there were unpaid bills in any of the three prior months, then AMN eligibility was to be checked for each of the three months.

Under the **new** rules now in effect, a sixth-month review period has been created. Each of the six months of the review period is a separate budget period, and eligibility is determined for each month individually. The review period begins on the first day of the month in which the application is filed and runs through the last day of the sixth consecutive month. Under this new system, an applicant who meets the spenddown amount for one month will receive one month of Medicaid coverage. If he or she has two months worth of spenddown, then two months of Medicaid coverage will be extended and so forth. Overall eligibility reviewing the aged, blind or disabled criteria and resources will be evaluated every six months. For the three months prior, each month is also a separate budget period. When the spenddown is met, the applicant is considered spenddown eligible, and is approved for Medicaid effective the day spenddown is met.

The following individuals' medical expenses can be used in meeting the spenddown:

- the applicant.
- the applicant's legal, ineligible spouse.
- the applicant's non-legal, ineligible spouse only if the second potential spenddown is used as the AMN spenddown.
- the applicant's ineligible child.
- the applicant's ineligible parent if the applicant is a child.
- the deceased spouse or child of the applicant if the applicant remains liable for payment of the bill.
- the child of the applicant who has reached 18 years of age if the child was under 18 at the time the medical expense was incurred and the applicant remains liable for the bill.

Medical expenses are used to meet the spenddown if they meet all of the following conditions:

- The bill is unpaid as of the first day of the month, or is incurred or paid during the budget period.
- The applicant is legally obligated to pay the expenses of the people in the above list.
- There is no third party resource that is liable for payment of the bill.
- The bill is medically necessary. Any expense ordered or prescribed in writing by a medical practitioner recognized under state law is medically necessary. Doctor and hospital services are considered medically necessary.

The spenddown may be met by using medical expenses incurred prior to the month of application. If this occurs, the applicant is eligible for Medicaid from the first day of the month. If the spenddown is not met by previously incurred bills, the case is placed in suspense until enough bills are incurred to meet the spenddown.

An applicant may use virtually any kind of medical bill to meet the spenddown amount. The definition of a medical bill is broad and includes such things as loans and credit card charges to pay for medical expenses. Medical bills include amounts incurred for medical insurance premium payments and coinsurance and deductible amounts which remain unused after the insurance coverage is used. Examples of medical expenses include services provided by chiropractors, dentists, opticians, sitters, doctors, etc.; medical care purchases; prescription drugs and over-the-counter medical needs; transportation cost to obtain medical services (allow 21¢ per mile or actual cost, whichever is less); and medically necessary ambulance service. Medical bills with non-Medicaid providers can be used to meet spenddown, but the Medicaid program will only make payments to Medicaid-certified providers.

The above information is general and is not intended to be legal advice. For information about your specific situation, you should contact your county DFCS office, a case manager, a social service agency, the AIDS Legal Project, or a private attorney.

FREE PEER COUNSELING

FOR METRO ATLANTA:
Call (404) 874-7926
or come by AIDS Survival Project,
828 West Peachtree, Suite 206
MON. 10 am - 7 pm
TUE. thru FRI. 10 am - 5 pm
SAT. 2 p.m. - 5 p.m.

at *AID ATLANTA*, 1438 W. Peachtree
MON. 10 am - 3 pm
THU. 10 am - 1 pm

at *GRADY I.D.P.*, 341 Ponce de Leon
MON., THU., FRI. 10 am - 2 pm

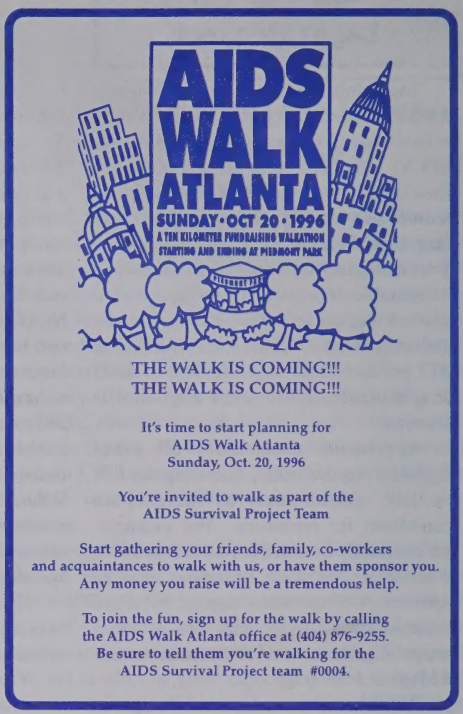
What's Out There?

Amy Schneider

Advocacy and Education in Our Community

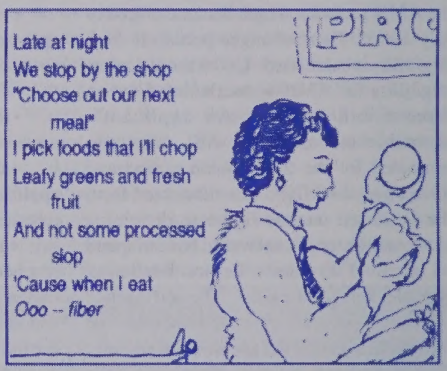
Have you ever wondered what is being done in Atlanta to educate children and teens about HIV/AIDS and its prevention? Well, I have, and my curiosity led me to a program at the Morehouse School of Medicine known as People Advocating Disease Prevention (PADP). Operating for five years as part of a consortium of Ryan White agencies (such as the Pediatric Division of AID Atlanta, Children's Medical Services, Mercy Mobile, St. Joseph's Hispanic Services, and Hemophilia of Georgia) and funded by Ryan White Title IV, PADP's mission is to bring outreach health education to people, especially to children and teens in their own environments, in a family and culturally sensitive manner. Services consist of home visits by outreach educators, as well as visits to schools, businesses, and community organizations, whereupon educators deliver education and training seminars on HIV/AIDS, with an emphasis on prevention and a focus on getting children and families aware and educated. Services target children affected by and infected with HIV/AIDS, their families and others in the community with whom these affected/infected children are in contact so that a proactive, understanding and preventative environment can be fostered (versus an environment in which fear, ignorance, and risky behavior rule). For PADP, the near future holds hopes for expanding programs for teens; PADP is organizing and utilizing a "peer education" program to reach out to more and more teens at risk, and to thus create a "mentoring program." PADP has also started its volunteer program and is looking to expand its volunteer base, so be prepared to join up to "spread the word and not the disease" to children and families; and please, let's all keep on our toes where prevention and education is concerned, especially with our child and adolescent population. This is the future we're addressing here, and let's advocate for it to be an educated and disease-protected one!

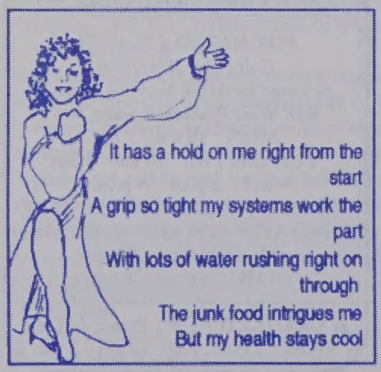
For more information about PADP, please contract April Bankston at (404) 756-5760.

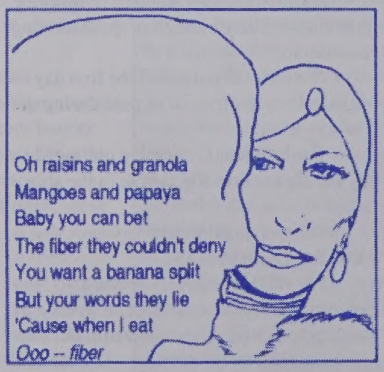

AIDS WALK ATLANTA
SUNDAY • OCT 20 • 1996
A TEN KILOMETER FUNDRAISING WALKATHON
STARTING AND ENDING AT PIEDMONT PARK
THE WALK IS COMING!!!
THE WALK IS COMING!!!
It's time to start planning for
AIDS Walk Atlanta
Sunday, Oct. 20, 1996
You're invited to walk as part of the
AIDS Survival Project Team
Start gathering your friends, family, co-workers
and acquaintances to walk with us, or have them sponsor you.
Any money you raise will be a tremendous help.
To join the fun, sign up for the walk by calling
the AIDS Walk Atlanta office at (404) 876-9255.
Be sure to tell them you're walking for the
AIDS Survival Project team #0004.

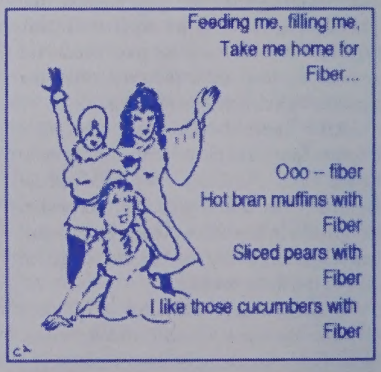
HIV + Me
NOW THIS OUR WORLD PREMIERE IS FROM THE POINTER SISTERS.
WE TOOK ONE OF OUR CLASSIC SONGS AND MADE A NEW VIDEO.
by Chris Companik

We're sitting down to dine
You brought something to eat
You offer me a roll
I ask whole wheat?
I say I will not whine
But you know I require
'Cause when I eat
Ooo -- fiber


Late at night
We stop by the shop
"Choose out our next meal"
I pick foods that I'll chop
Leafy greens and fresh fruit
And not some processed slop
'Cause when I eat
Ooo -- fiber


It has a hold on me right from the start
A grip so tight my systems work the part
With lots of water rushing right on through
The junk food intrigues me
But my health stays cool


Oh raisins and granola
Mangoes and papaya
Baby you can bet
The fiber they couldn't deny
You want a banana split
But your words they lie
'Cause when I eat
Ooo -- fiber


Feeding me, filling me,
Take me home for Fiber...
Ooo -- fiber
Hot bran muffins with Fiber
Sliced pears with Fiber
I like those cucumbers with Fiber

POSITIVELY PERSONAL

Seeking Men

• GWM, 34, 5'3", 142, HIV+, Brn/Grn, ISO friend or more. In Dalton area. Taylor, (706) 279-3259. (11/96)

• GWM, 55, looks 45, feels younger. 5'9", 165#. ISO 25-45 y.o. companion, friend to Atlanta Symphony concerts, selected Saturday nights, tickets 1/2 price. Good seats. Also enjoy movies, plays, travelling. Non-smoker, drugs. Don (404) 874-8515. (11/96)

• MISS DIXIE NEEDS A MAN! GWM, 42, 5'9", 180, HIV+, healthy, needs a date for relationship/friendship. Healthy bottom seeks tops. Hikes, reads, travel, quiet evenings at home. Smoker, social drinker. Tired of bars! Attractive, br hair, moustache, hairy, hazel eyes. I'm not buffed and don't intent to be. Not a fat slob, either. If you're an attractive top not into playing games, ready to handle the heat, call Patrick (404) 325-8518. Leave a message. (11/96)

• Cute, slim 25 y.o. WM, brown hair, brn/grn eyes. No tattoos, lonely, looking for someone to help me through these bars for a year. My boyfriend left! I need someone or a pen pal, so write me. Philip Haynes, Dorm. G-102, Inmate # 348865, Central State Prison, 4600 Fulton Mill Rd., Macon, GA, 31213. (10/96)

• GBM, 34, 5'11", 190 lbs., HIV+, ISO other BM for friendship or more, for movies, and other fun activities. You should be versatile, mostly top. (770) 446-7370. (10/96)

• GWM, 34, 5'9", lost in prison! Very lonely. Family abandoned me because I'm gay. ISO a pen pal to correspond with. Age/race/sex unimportant. There are some good people in prison. To be released soon. All replies answered. Thomas Sadler, EF-297696, P.O. Box 397, J-2, Abbeville, GA, 31001. Please take a chance, you won't be sorry! (10/96)

• GWM, Leather Cigar Boy, very submissive, bottom, HIV+ very healthy, goodlooking, 5'10", 138, brown/hazel, cleanshaven, hairy chest; raunch, kink, romance, kissing, cuddling, very oral; movies, travel, motorcycles, horses. Seek: GWM, top/daddy/master/bear, under 55, dominant, aggressive, VA, WS, BD, S&M, wax, FF, cigars, leather, hung 8"+, relationship. Pluses: biker, hairy, smoker okay, safe, sane. John, 6384 Valley Dale Dr., Riverdale, GA, 30274. (10/96)

• HIV+ GWM, native, lt. brown w/green eyes, 5'11", 165 lbs., Young 34, in good shape, but still working on my body. If you'd like to work on it, too, call Jonathan. (404) 370-7603. Just jokin', looking for similar. (10/96)

• I'm 38, 5'11", 150, GWM with clean-cut boyish looks. Loking for a top to play with: Everything from cuddle to kinky. I also enjoy food, movies, arts, outdoors, spirituality and good health. You can be any age/race, just be for real. Zak, (404) 627-1657. (10/96)

• Sexy, attractive, tall white male seeks sexy, masculine black male for excitement. Call (404) 365-8672, late evenings. (10/96)

• Very loving compassionate couple seeks surrogate lover/friend. I'm positive, he's negative. We enjoy a great sex life, however, I miss longer wetter kisses, safe but more aggressive oral sex, etc. We're a very handsome couple. I'm WM, 5'10", 158, 8 Thick, All-American good looks, prior USMC. He's WM, 6'0", 158, of Latin descent, both early to mid 30's. Both work out and are in great health and shape, non-smokers. You should be similar. Secure in our relationship, we are capable of sharing friendship and love with right person. We ask you to respond to our page service at (770) 610-2547. Response shall be quick and with much anticipation. (10/96)

Seeking Women

• "No Games," 38 years old, BM, seeks an educated, open-minded, sincere, to share fun time & poss more. (912) 427-3920-Darry. (10/96)

JOBLINE

• Healthy HIV+ man can do about anything. Painting, cleaning, yardwork; will help elderly HIV physically-challenged person discreetly. Mark (404) 815-9373. (10/96)

• Wanted: Tax-free position by very healthy HIV+ male on SSD. Paint, clean, cook, errands, yard, typing, assistant. Ron (404) 815-9044. (10/96)

Use this form to place your own Positively Personal ad!

Name _____

Address _____

_____

City/State/Zip _____

Daytime Phone # (_____)

Seeking (circle one): Men Women TV/TS Bisexual

Ad should say (35 words or less): _____

_____

_____

_____

_____

Send to: Personals, 828 W. Peachtree, Suite 206, Atlanta, GA, 30308

All Classifieds are printed free of charge. Roommate, Jobline, Services, and Misc. listings are run for one month only; personal ads are run for two months. To place ad, send written copy to 828 West Peachtree St., Suite 206, Atlanta, GA, 30308; Personal ads should use the form below, and be clearly marked as "PERSONALS." Do not call our office to place an ad, unless correcting a mistake. Deadline for all ads is the 1st workday of the previous month. AIDS Survival Project reserves the right to edit ads as necessary, and is not responsible for the content or credibility of any ad.

SERVICES

• Psychotherapy group for persons facing AIDS. Weekly meetings, ongoing group, free of charge, initial 3-month commitment. Thursday 1:00 to 2:30, near I-85 and North Druid Hills. Sarah Lopez, PhD, and David Woodsfellow, PhD, facilitators. Call (404) 321-2990 for information and screening interview. (10/96)

• Registered Nurses HIV+/AIDS Therapy-Support Group, Starting Sept./Oct. 1996, Time/day TBA. 2665 N. Decatur Rd., Suite 330. Leader: Brenda J. Matthews, MS, RN, CS. Fee: $40.00 per 1 1/2 hr session. This exclusively RN therapy-support group will allow participants an opportunity to share common personal and professional issues in a caring, supportive and confidential atmosphere. Groups limited to 6-7 members. Initial interview session will be required. Call (404) 297-9755 for more information and/or to register. (10/96)

The AIDS Survival Project is incorporated in the state of Georgia as a 501(c)3 nonprofit corporation. All donations are tax-deductible. A large percentage of our annual budget is funded solely by your contributions, the rest is supplemented by grants solicited from private foundations.

We are happy to provide the newsletter to people who cannot afford to purchase a subscription; however, we ask that anyone who can afford to subscribe, do so.

☐ I am a person living with HIV/AIDS and want to be a member of the AIDS Survival Project.
☐ Enclosed is $25.00 for a one year subscription.
☐ I cannot afford to pay for a subscription. Please enter my free subscription.
☐ Please send me information on how I can include AIDS Survival Project in my will or planned giving.

Name: _____

Address: _____

_____

City, State, Zip: _____

Phone Day: _____ Evenings: _____

Please contact me about volunteering for the following:

☐ Newsletter Committee
☐ *Operation: Survive!*
☐ Peer Counseling
☐ Treatment Advisory Committee
☐ Advocacy Committee
☐ Special Events Committee
☐ I have other special skills I would like to offer:

_____

☐ I would like to make a donation in Memory of:

_____

☐ I would like to make a donation in Honor of:

_____

☐ Please acknowledge this donation to:

Name: _____

Address: _____

_____

City, State, Zip: _____

Please send this form to: **AIDS Survival Project, 828 West Peachtree Street NW, Suite 206, Atlanta, GA 30308.** Thanks!